GVNW CONSULTING, INC.
3220 Pleasant Run
Springfield, IL 62707
(217) 698-2700 (Tel.)
(217) 698-2715 (Fax)
www.gvnw.com

Via ECFS

October 22, 2013

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 Twelfth Street S.W.
Room 5-A225
Washington, D.C. 20554

Re: FCC Form 481 being filed in accordance with the annual reporting requirements of 47 C.F.R. §54.313 and 54.422, WC Docket Nos. 10-90 and 11-42 before the Federal Communications Commission.

Dear Ms. Dortch,

In accordance with the annual reporting requirements of 47 C.F.R. §54.313 and 54.422, McDonald County Telephone Company is submitting FCC Form 481 via the FCC's Electronic Comment Filing System (ECFS).

This information was filed online with USAC and with the Missouri Public Service Commission on or prior to October 15, 2013.

Please contact me with any questions you have on these filings.

Sincerely,

/s/ Andy Schein

Andy Schein
Senior Consultant
GVNW Consulting, Inc.
(719) 594-5800
aschein@gvnw.com

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	421912
<015>	Study Area Name	MCDONALD COUNTY TEL
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Andy Schein, GVNW Consulting Inc.
<035>	Contact Telephone Number: Number of the person identified in data line <030>	719-594-5820
<039>	Contact Email Address: Email of the person identified in data line <030>	aschein@gvnw.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)	✓	
<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)			
<330>	Detail on Attempts (broadband)	(attach descriptive document)		
<400>	Number of Complaints per 1,000 customers (voice)		✓	✓
<410>	Fixed	0.0		
<420>	Mobile			
<430>	Number of Complaints per 1,000 customers (broadband)			
<440>	Fixed			
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	✓	✓
<510>	421912MO510	(attached descriptive document)	✓	✓
<600>	Functionality in Emergency Situations	(check to indicate certification)	✓	✓
<610>	421912MO610	(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	(check to indicate certification)		
<1010>		(attach descriptive document)		
<1100>	Terrestrial Backhaul (Y/N)? ● ○	(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	421912
<015>	Study Area Name	MCDONALD COUNTY TEL
<020>	Program Year	2014
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<035>	Contact Telephone Number - Number of person identified in data line <030>	719-594-5820
<039>	Contact Email Address - Email Address of person identified in data line <030>	aschein@gvnw.com

<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.

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

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

<010>	Study Area Code	421912
<015>	Study Area Name	MCDONALD COUNTY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Andy Schein, GVNW Consulting Inc.
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-594-5820
<039>	Contact Email Address - Email Address of person identified in data line <030>	aschein@gvnw.com

<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	421912
<015>	Study Area Name	MCDONALD COUNTY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Andy Schein, GVNW Consulting Inc.
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-594-5820
<039>	Contact Email Address - Email Address of person identified in data line <030>	aschein@gvnw.com

<701>	Residential Local Service Charge Effective Date	1/1/2013
<702>	Single State-wide Residential Local Service Charge	0.0

<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	421912
<015>	Study Area Name	MCDONALD COUNTY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Andy Schein, GVNW Consulting Inc.
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-594-5820
<039>	Contact Email Address - Email Address of person identified in data line <030>	aschein@gvnw.com

<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	421912
<015>	Study Area Name	MCDONALD COUNTY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Andy Schein, GVNW Consulting Inc.
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-594-5820
<039>	Contact Email Address - Email Address of person identified in data line <030>	aschein@gvnw.com

<810>	Reporting Carrier	McDonald County Telephone Co.
<811>	Holding Company	McDonald County Communications Inc.
<812>	Operating Company	McDonald County Telephone Co.

<813>

<a1>	<a2>	<a3>
Affiliates	**SAC**	**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	421912
<015>	Study Area Name	MCDONALD COUNTY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Andy Schein, GVNW Consulting Inc.
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-594-5820
<039>	Contact Email Address - Email Address of person identified in data line <030>	aschein@gvnw.com

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

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

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

		Select (Yes,No, NA)
<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	421912
<015>	Study Area Name	MCDONALD COUNTY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Andy Schein, GVNW Consulting Inc.
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-594-5820
<039>	Contact Email Address - Email Address of person identified in data line <030>	aschein@gvnw.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

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

<010>	Study Area Code	421912
<015>	Study Area Name	MCDONALD COUNTY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Andy Schein, GVNW Consulting Inc.
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-594-5820
<039>	Contact Email Address - Email Address of person identified in data line <030>	aschein@gvnw.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans — 421912MO1210

Name of attached document (.pdf)

<1220> Link to Public Website — HTTP http://psc.mo.gov/CMSInternetData/ConsumerInformation/MoUSF.pdf

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

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

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

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

(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

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<015>	Study Area Name	MCDONALD COUNTY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Andy Schein, GVNW Consulting Inc.
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-594-5820
<039>	Contact Email Address - Email Address of person identified in data line <030>	aschein@gvnw.com

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 _____

(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

<010>	Study Area Code	421912
<015>	Study Area Name	MCDONALD COUNTY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Andy Schein, GVNW Consulting Inc.
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-594-5820
<039>	Contact Email Address - Email Address of person identified in data line <030>	aschein@gvnw.com

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)) Please check this box to confirm that the attached PDF , on line 3012,	Name of Attached Document Listing Required Information	☐
(3011)	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.		
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	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 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)		☐
(3016)	PDF of 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)	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	421912MO3026

USAC
Universal Service Administrative Company

CONFIRMATION

Congratulations. Your filing has been successfully certified.

Filing 1 was successfully certified on 2013-09-06 17:43:20.0 by rbabbitt@olemac.net .

SAC : 421912
SPIN : 143002348
Carrier Name : MCDONALD COUNTY TEL
Program Year : 2014

Return to 481 Search

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Website & Privacy Policies

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	421912
<015>	Study Area Name	MCDONALD COUNTY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Andy Schein, GVNW Consulting Inc.
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-594-5820
<039>	Contact Email Address - Email Address of person identified in data line <030>	aschein@gvnw.com

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: MCDONALD COUNTY TEL

Signature of Authorized Officer: CERTIFIED ONLINE Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: 421912 Filing Due Date for this form: 10/15/2013

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

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

<010>	Study Area Code	421912
<015>	Study Area Name	MCDONALD COUNTY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Andy Schein, GVNW Consulting Inc.
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-594-5820
<039>	Contact Email Address - Email Address of person identified in data line <030>	aschein@gvnw.com

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: MCDONALD COUNTY TEL

Signature of Authorized Officer: CERTIFIED ONLINE Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: 421912 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.

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: MCDONALD COUNTY TEL

Name of Authorized Agent or Employee of Agent: Andy Schein, GVNW Consulting Inc.

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date:

Printed name of Authorized Agent or Employee of Agent: Andy Schein

Title or position of Authorized Agent or Employee of Agent Sr. Consultant

Telephone number of Authorized Agent or Employee of Agent: 719-594-5820

Study Area Code of Reporting Carrier: 421912 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.

Attachments

Line 510 - Service Quality Standards & Consumer Protection Rules Compliance:

McDonald County Telephone (MCT) complies with the service quality standards and consumer protection rules of the state of Missouri as promulgated in Missouri regulations 4 CSR 240 Chapters 32 and 33 (even though compliance with these regulations has been waived by the Missouri Public Service Commission). MCT is committed to providing the highest quality service to its customers.

MCT also complies with the requirements of 47CFR Part 64 Subpart U, Customer Proprietary Network Information and the Federal Trade Commission Red Flag Rules to prevent identity threat. 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.

Line 610 – Description of Functionality in Emergency Situations

McDonald County Telephone prides itself on updating and maintaining all its plant and equipment to prevent outages before they happen. If outages do happen, the Company has 24-hour on call staff and alarm reporting systems in place that send notifications to the 24 hour personnel monitoring these systems. The Company certifies that it follows best practices that are designed to allow them to remain functional in an emergency situation through the use of back-up power to ensure functionality in the event of a limited commercial power failure.

The Company utilizes battery back-up (AC and DC power) systems and standby generators in all its central offices. This enables the company to sustain a power outage for at least 4-5 days for the Jane exchange, and indefinitely for the Anderson and Pineville exchanges. McDonald County also has mobile generators that allow for another source of back-up power in case of back-up failure.

The Company performs exercises to test disaster preparedness on each site's back-up power systems which are tested weekly. Major transport facilities are also tested periodically to ensure failover reliability.

421912 Mo 1210

[McDonald County Telephone Company]
Missouri Application for the Lifeline or Disabled Programs

Consumers meeting certain eligibility criteria are able to receive monthly discounts for voice telephony service through the Lifeline program or the Disabled program. Lifeline service offers a monthly discount of $9.25. The Disabled program offers a $3.50 monthly discount. To apply complete this form and also submit **proof of eligibility**.

Eligibility Criteria	
Lifeline Program	**Disabled Program**
___ MO HealthNet (f/k/a Medicaid) ___ Supplemental Nutrition Assistance (Food Stamps) ___ Supplemental Security Income ___ Low-Income Home Energy Assistance (LIHEAP) ___ Federal Public Housing Assistance (Section 8) ___ National School Free Lunch Program ___ Temporary Assistance for Needy Families (TANF) ___ 135% of the Federal Poverty Level *(See next page for income threshold requirements)*	___ Veteran Administration Disability Benefits ___ State Blind Pension ___ State Aid to Blind Persons ___ State Supplemental Disability Assistance ___ Federal Social Security Disability ___ Federal Supplemental Security Income

Applicant's Full Name:	**Birth Date:**	**Social Security #** *(last 4 digits)*:	**DCN:***
Name on Voice Service Account *(If different from Applicant)*:		**Customer Contact Telephone Number:**	
Customer's Full Residential Service Address *(no P.O. Boxes)*: Street: City, Town, Zip:		**Is this address a temporary address?** Yes / No *(circle the appropriate response)* *(If "yes" then must verify address every 90 days.)*	
Is this address also my billing address? ___ Yes ___ No *(If "no" please provide billing address)*:			

**This number is assigned to program participants of MO HealthNet, LIHEAP, Food Stamps and TANF.*

I understand the following obligations and provisions about the Lifeline and Disabled programs:

- The Lifeline and Disabled programs are government benefit programs and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline or Disabled service is available per household.
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline or Disabled benefits from multiple providers or combine Lifeline and Disabled program benefits.
- Violation of the one-per-household limitation constitutes a violation of rules and will result in the subscriber's de-enrollment from the program.
- Lifeline and the Disabled program are non-transferable benefits and the subscriber may not transfer his or her benefit to any other person.

I CERTIFY UNDER PENALTY OF PERJURY EACH OF THE FOLLOWING:

- I meet the eligibility criteria for the Lifeline program or the Disabled program.
- I will provide notification to my voice service provider within 30 days if for any reasons I no longer satisfy the criteria for receiving Lifeline or Disabled benefits including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline or Disabled support, I receive more than one Lifeline or Disabled benefit, or another member of my household is receiving a Lifeline or Disabled benefit.
- If I move to a new address I will provide that new address to my voice service provider within 30 days.
- If I have a temporary residential address then I will be required to verify my address with my voice service provider every 90 days.
- My household will receive only one Lifeline or Disabled service and, to the best of my knowledge, my household is not already receiving a Lifeline or Disabled service.
- I acknowledge the obligation to re-certify my continued eligibility for Lifeline or Disabled benefits at any time and failure to re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline or Disabled benefits.
- I consent to providing my name, telephone number and address to the Universal Service Administrative Company for the purpose of verifying I do not receive more than one Lifeline benefit. I also consent to sharing my account information with the Federal Communications Commission and Missouri Public Service Commission who oversee and administer the Lifeline or Disabled programs.

_____ I certify I have _____individuals in my household.
(Initial and complete only if qualifying under income threshold.)

The information supplied on this form is true and correct.

I acknowledge providing false or fraudulent information to receive Lifeline or Disabled benefits is punishable by law.

_____ _____
Signature of Customer **Date**

Submit a completed signed form <u>and proof of eligibility</u>.

Annual Income Thresholds for Meeting 135% of Federal Poverty Level (Based on Household Size)								
1	2	3	4	5	6	7	8	Each add'l person
$15,080	$20,426	$25,772	$31,118	$36,464	$41,810	$47,156	$52,502	+ $5,346/person

Acceptable documentation for meeting the criteria of 135% of the federal poverty level includes: a copy of prior year's state or federal tax return; paycheck stub (three consecutive months); a statement of benefits for Social Security, Veterans Administration, retirement/pension or Unemployment/Workmen's Compensation; or other legal documents showing current income (e.g. divorce decree, child support award). Any documentation must cover a full year or three consecutive months within the previous twelve months.

<u>Company Use Only</u>:

I hereby attest the applicant presented acceptable proof of eligibility:

_____ _____ _____
Print name of company official **Signature** **Date**

McDonald County Telephone Company

417 223-4313 or 417 845-6919

I CERTIFY UNDER PENALTY OF PERJURY EACH OF THE FOLLOWING:

- I meet the eligibility criteria for the Lifeline program or the Disabled program.
- I will provide notification to my voice service provider within 30 days if for any reasons I no longer satisfy the criteria for receiving Lifeline or Disabled benefits including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline or Disabled support, I receive more than one Lifeline or Disabled benefit, or another member of my household is receiving a Lifeline or Disabled benefit.
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<u>Company Use Only</u>:

I hereby attest the applicant presented acceptable proof of eligibility:

_____ _____ _____
Print name of company official **Signature** **Date**

McDonald County Telephone Company

417 223-4313 or 417 845-6919

LOCAL EXCHANGE SERVICE

4. Local Exchange Service (Cont'd)

4.7 Lifeline Service

A. General

1. Lifeline Service is available to qualifying low-income subscribers for single party residence service.

2. The monthly discount will be the maximum amount allowed by the Missouri Public Service Commission and the Federal Communications Commission; however, this discount will not exceed the sum of the federal subscriber line charge and the recurring charges for voice telephony service. The monthly discount will be the same for Lifeline customers solely subscribing to voice telephony service and for Lifeline customers subscribing to a bundle of services. (C)

3. Lifeline Service will not be furnished on a Foreign Exchange service. (C)

4. Lifeline Service shall not be disconnected for non-payment of toll charges providing the Lifeline customer subscribes to Toll Blocking Service.

5. Toll Blocking Service provides a means of restricting access to the Long Distance Message Telecommunications Network. Toll Blocking for the purposes of Lifeline Service will restrict 1+, 0+ and 0- (operator handled) calls.

   a. If the customer chooses "Toll Blocking Service" the company will not charge a service deposit.

   b. Toll Blocking Service is offered to Lifeline subscribers at no charge.

(D

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Service Commission
JI-2012-0483

LOCAL EXCHANGE SERVICE

4. Local Exchange Service (Cont'd)

4.7 Lifeline Service (Cont'd)

B. Eligibility Requirements

1. An applicant must meet all of the following criteria in order to qualify for Lifeline Service:

a. To qualify for Lifeline the consumer must participate in one of the following programs:

1. Medicaid
2. Food stamps
3. Supplemental Security Income (SSI)
4. Federal Public Housing Assistance or Section 8
5. Low Income Home Energy Assistance Program
6. Temporary Assistance to Needy Families (TANF)
7. National Free Lunch Program
8. The customer's income, as defined in 47 CFR Section 54.400(f), must be at or below 135% of the Federal Poverty Guidelines (eff. June 1, 2012). (N)

b. The customer must sign, under penalty of perjury a document certifying:

1. He/she is receiving benefits from one of the programs in B.1.a above.
2. Name of the program(s) from which they are receiving benefits.
3. That he/she will notify the company if he/she no longer participates in the program(s) named in a. preceding.

c. The premises at which the residence service is requested must be the applicant's principal place of residence.

d. There is only one telephone line serving the residence premises. The residence premises household (dwelling unit) shall consist of that portion of an individual house or building or one flat or apartment occupied by a single family or individuals functioning as one domestic establishment.

e. Customer Annual Responsibility (N)

All Lifeline customers as of June 1, 2012 must certify with the Company that they are still eligible for Lifeline support by December 31 each year. Customers may certify in person, over the phone or in writing. Customers will not be required to provide verifying documentation.

f. Access Recovery Charge (ARC)

Eligible Lifeline customers are exempt from ARC (effective July 1, 2012). (N)

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JI-2012-0483

LOCAL EXCHANGE SERVICE

4. Local Exchange Service (Cont'd)

4.8 Reserved for Future Use (D)

(D)

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Service Commission
JI-2013-0440

LOCAL EXCHANGE SERVICE

4. Local Exchange Service

4.1 Description

Local exchange service provides for unlimited calling within the boundaries of the Anderson, Jane, and Pineville exchanges as they are shown on the maps in Section 4.5. (T)
This service is subject to all terms and conditions as outlined in this tariff. Access to facilities to end users for interexchange carriers offering interexchange services are provided under the company's intrastate and interstate access tariffs. Local exchange service rates are listed in Section 4.4. (T)

(D)

4.2 Terms and Conditions

A. Business Rates Apply:

1. To any location where activities are of a business, trade, or professional nature.

2. To any location where the listing of service at that location indicates a business, trade, or profession.

3. Where only one network access line is provided at a location which is both a residence and a business.

4. To schools, hospitals, libraries, churches, lodges, and other similar institutions.

5. To any number where public advertising provides evidence that the number is used for business purposes.

B. Residence Rates Apply:

1. In private residence where business listings are not provided and telephone service is not used for the conduct of business.

2. In the place of residence of a clergyman, physician, or other medical practitioner provided the subscriber does not maintain an office in the residence.

LOCAL EXCHANGE SERVICE

Missouri Public
Service Commission

REC'D MAY 0 5 1999

4. Local Exchange Service (Cont'd)

4.2 Terms and Conditions (Cont'd)

(C) RESERVED FOR FUTURE USE

Missouri Public
Service Commission
98-347
FILED JUN 1 6 1999

LOCAL EXCHANGE SERVICE

Missouri Public Service Commission
RECD MAY 05 1999

4. Local Exchange Service (Cont'd)

4.2 Terms and Conditions (Cont'd)

D. Taxes, Fees, and Charges

When any city, county or taxing authority imposes a franchise, occupation, business sales, license, excise, privilege, or similar tax of any kind on this Company, the amounts therein so far as practical, shall be charged on a pro-rata basis to all customers so affected receiving exchange service within the boundaries of that taxing entity. This tax charge, in all cases, will be in addition to the regular charges for local service and shall be set out as a separate item on the customer's bill.

Where a tax levied on a percentage of gross receipts, that percentage will be applied to each customer's bill so affected and the amount so computed will be added as a separate item to the customer's bill. Where a tax is levied other than on a percentage of gross receipts, a pro rata share of the total tax shall be added as a separate item to each customer's bill. All such taxes collected by the Company shall be paid to the city, county, or taxing authority in accordance with the promulgated regulations pertaining to each tax.

Missouri Public Service Commission
98-347
FILED JUN 15 1999

LOCAL EXCHANGE SERVICE

4. Local Exchange Service (Cont'd)

4.3 Concession

Full-time employees will be provided with local exchange service, and all custom calling, and CLASS features where available, without charge as excess capacity allows. Customer Activity Charges will not apply on services provided to full-time employees.

4.4 Exchange Rates

Unless otherwise specified, the charges quoted in this tariff are for the period of one month and includes calling within and between all McDonald County Telephone Company exchanges without incurring a toll charge. (T)

A. Local Exchange Service	Monthly Rate Per Line	
Business	$14.00	(I)
Residence	$14.00	(I)

4.5 Local Exchange Map

The following exchange maps are attached to this tariff:

Anderson
Jane
Pineville

421912 MO 800

(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	421912
<015>	Study Area Name	MCDONALD COUNTY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Andy Schein, GVNW Consulting Inc.
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-594-5820
<039>	Contact Email Address - Email Address of person identified in data line <030>	aschein@gvnw.com

<810>	Reporting Carrier	McDonald County Telephone Co.
<811>	Holding Company	McDonald County Communications Inc.
<812>	Operating Company	McDonald County Telephone Co.

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
McDonald County Internet Service, Inc.		

421912 MO 3026

(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>	421912
<015>	Study Area Name	<015>	McDonald County
<020>	Program Year	<020>	2014
<030>	Contact Name - Person USAC should contact regarding this data	<030>	Andy Schein, GVNW Consulting
<035>	Contact Telephone Number - Number of person identified in data line <030>	<035>	719-594-5820
<039>	Contact Telephone Email Address - Email Address of person identified in data line <030>	<039>	aschein@gvnw.com

☑ 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.

Ron Bartlett — Signature
10-3-2013 — 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	443951	539454	25.	Accounts Payable	295942	414814
2.	Cash-RUS Construction Fund			26.	Notes Payable	21382	16382
3.	Affiliates:			27.	Advance Billings and Payments		
	a. Telecom, Accounts Receivable	407537	357391	28.	Customer Deposits		
	b. Other Accounts Receivable	40311	37435	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)	317324	431196
6.	Material-Regulated	255491	183595		LONG-TERM DEBT		
7.	Material-Nonregulated			36.	Funded Debt-RUS Notes		
8.	Prepayments	254802	196342	37.	Funded Debt-RTB Notes		
9.	Other Current Assets			38.	Funded Debt-FFB Notes		
10.	Total Current Assets (1 Thru 9)	1402092	1314217	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	724583	486914	44.	Adv. From Affiliated Companies		
12.	Other Investments			45.	Other Long-Term Debt		
	a. Rural Development			46.	Total Long-Term Debt (36 thru 45)	0	0
	b. Nonrural Development				OTHER LIAB. & DEF. CREDITS		
13.	Nonregulated Investments	307556	302456	47.	Other Long-Term Liabilities		
14.	Other Noncurrent Assets			48.	Other Deferred Credits	1903566	1767740
15.	Deferred Charges			49.	Other Jurisdictional Differences		
16.	Jurisdictional Differences			50.	Total Other Liabilities and Deferred Credits (47 thru 49)	1903566	1767740
17.	Total Noncurrent Assets (11 thru 16)	1032139	789370		EQUITY		
				51.	Cap. Stock Outstanding & Subscribed	56650	56650
	PLANT, PROPERTY, AND EQUIPMENT			52.	Additional Paid-in-Capital		
18.	Telecom, Plant-in-Service	23250266	25412862	53.	Treasury Stock		
19.	Property Held for Future Use			54.	Membership and Cap. Certificates		
20.	Plant Under Construction	279229		55.	Other Capital		
21.	Plant Adj., Nonop. Plant & Goodwill			56.	Patronage Capital Credits		
22.	Less Accumulated Depreciation	11479586	13055840	57.	Retained Earnings or Margins	12206600	12205023
23.	Net Plant (18 thru 21 less 22)	12049909	12357022	58.	Total Equity (51 thru 57)	12263250	12261673
24.	TOTAL ASSETS (10+17+23)	14484140	14460609	59.	TOTAL LIABILITIES AND EQUITY (35+46+50+58)	14484140	14460609

(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	421912
<015>	Study Area Name	McDonald County
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Andy Schein, GVNW Consulting
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-594-5820
<039>	Contact Telephone Email Address - Email Address of person identified in data line <030>	aschein@gvnw.com

PART B. STATEMENTS OF INCOME AND RETAINED EARINGS OR MARGINS

	ITEM	PRIOR YEAR	THIS YEAR
1.	Local Network Services Revenues	405028	461682
2.	Network Access Services Revenues	5509936	5027370
3.	Long Distance Network Services Revenues		
4.	Carrier Billing and Collection Revenues		
5.	Miscellaneous Revenues	122407	108822
6.	Uncollectible Revenues	6075	
7.	**Net Operating Revenues (1 thru 5 less 6)**	6031296	5597874
8.	Plant Specific Operations Expense	1660729	1530352
9.	Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)	600193	665612
10.	Depreciation Expense	1515120	1576254
11.	Amortization Expense		
12.	Customer Operations Expense	657352	690210
13.	Corporate Operations Expense	1000500	1055869
14.	**Total Operating Expenses (8 thru 13)**	5433894	5518297
15.	Operating Income or Margins (7 less 14)	597402	79577
16.	Other Operating Income and Expenses	-29953	-28325
17.	State and Local Taxes	45822	20217
18.	Federal Income Taxes	92513	-50908
19.	Other Taxes	105222	78519
20.	Total Operating Taxes (17+18+19)	243557	47828
21.	Net Operating Income or Margins (15+16-20)	323892	3424
22.	Interest on Funded Debt		
23.	Interest Expense - Capital Leases		
24.	Other Interest Expense	196	1
25.	Allowance for Funds Used During Construction		
26.	Total Fixed Charges (22+23+24-25)	196	1
27.	Nonoperating Net Income	-5309	-5000
28.	Extraordinary Items		
29.	Jurisdictional Differences		
30.	Nonregulated Net Income		
31.	Total Net Income or margins (21+27+28+29+30-26)	318387	-1577
32.	Total Taxes Based on Income		
33.	Retained Earnings or Margins Beginning-of-Year	11888214	12206601
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)]	12206601	12205024
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]	0	0
44.	Annual Debt Service Payments		
45.	Cash Ratio [(14+20-10-11)/7]	594619	569982
46.	Operating Accrual Ratio [(14+20+26)/7]	811092	795161
47.	TIER ((31+26)/26)	1625	-1576
48.	DSCR ([31+26+10+11)/44)	41675	35788

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

<010>	Study Area Code	421912
<015>	Study Area Name	McDonald County
<020>	Program Year	2014
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<035>	Contact Telephone Number - Number of person identified in data line <030>	719-594-5820
<039>	Contact Telephone Email Address - Email Address of person identified in data line <030>	aschein@gvnw.com

PART C. STATEMENTS OF CASH FLOWS

1.	**Beginning Cash (Cash and Equivalents plus RUS Construction Fund)**			443951
	CASH FLOWS FROM OPERATING ACTIVITIES			
2.	**Net Income**			-1577
	Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities			
3.	Add: Depreciation			1576254
4.	Add: Amortization			
5.	Other (Explain)	Deferred Income Tax		-135826
	Changes in Operating Assets and Liabilities			
6.	Decrease/(Increase) in Accounts Receivable			53023
7.	Decrease/(Increase) in Materials and Inventory			71896
8.	Decrease/(Increase) in Prepayments and Deferred Charges			58460
9.	Decrease/(Increase) in Other Current Assets			
10.	Increase/(Decrease) in Accounts Payable			119966
11.	Increase/(Decrease) in Advance Billings & Payments			
12.	Increase/(Decrease) in Other Current Liabilities			-6094
13.	**Net Cash Provided/(Used) by Operations**			1736102
	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)	Transfer of investments and advances to Affiliates, net		242768
23.	**Net Cash Provided/(Used) by Financing Activities**			242768
	CASH FLOWS FROM INVESTING ACTIVITIES			
24.	Net Capital Expenditures (Property, Plant & Equipment)			-1883367
25.	Other Long-Term Investments			
26.	Other Noncurrent Assets & Jurisdictional Differences			
27.	Other (Explain)			
28.	**Net Cash Provided/(Used) by Investing Activities**			-1883367
29.	**Net Increase/(Decrease) in Cash**			95503
30.	**Ending Cash**			539454