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 219015

<015> Study Area Name Absolute Home Phones, Inc.

<020> Program Year 2014

<030> Contact Name: Person USAC should contact with questions about this data Joseph Fernandez

<035> Contact Telephone Number: Number of the person identified in data line <030> 352-233-2717

<039> Contact Email: jfernandez.compliance@absolutehomephones.com
Email of the person identified in data line <030>

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)			
<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			
<420> Mobile			
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>	*(attached descriptive document)*		
<600> Functionality in Emergency Situations	*(check to indicate certification)*		
<610>	*(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	219015	
<015>	Study Area Name		Absolute Home Phones, Inc.
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data		Joseph Fernandez
<035>	Contact Telephone Number - Number of person identified in data line <030>		352-233-2717
<039>	Contact Email Address - Email Address of person identified in data line <030>		jfernandez.compliance@absolutehomephones.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 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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<030>	Contact Name - Person USAC should contact regarding this data	Joseph Fernandez
<035>	Contact Telephone Number - Number of person identified in data line <030>	352-233-2717
<039>	Contact Email Address - Email Address of person identified in data line <030>	jfernandez.compliance@absolutehomephones.com

<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

(800) Operating Companies and Affiliates
Data Collection Form

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<039>	Contact Email Address - Email Address of person identified in data line <030>	jfernandez.compliance@absolutehomephones.com

<810>	Reporting Carrier	Absolute Home Phones, Inc.
<811>	Holding Company	
<812>	Operating Company	

<813>

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

(900) Tribal Lands Reporting
Data Collection Form

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<035>	Contact Telephone Number - Number of person identified in data line <030>	352-233-2717
<039>	Contact Email Address - Email Address of person identified in data line <030>	jfernandez.compliance@absolutehomephones.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.	

(1110) No Terrestrial Backhaul Reporting
Data Collection Form

FCC Form 481
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<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Joseph Fernandez
<035>	Contact Telephone Number - Number of person identified in data line <03	352-233-2717
<039>	Contact Email Address - Email Address of person identified in data line <0:	jfernandez.compliance@absolutehomephones.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
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OMB Control No. 3060-0819
July 2013

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<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Joseph Fernandez
<035>	Contact Telephone Number - Number of person identified in data line <030	352-233-2717
<039>	Contact Email Address - Email Address of person identified in data line <03(	jfernandez.compliance@absolutehomephones.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public Website HTTP www.absolutehomephones.com

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. ☐

(2005) 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
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July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	jfernandez.compliance@absolutehomephones.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	_____

(3005) Rate Of Return Carrier Additional Documentation
Data Collection Form

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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	jfernandez.compliance@absolutehomephones.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)}	Name of Attached Document Listing Required Information	
(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.		☐
(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	

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: Absolute Home Phones, Inc.

Signature of Authorized Officer: Date 10/15/2013

Printed name of Authorized Officer: Joseph Fernandez

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 352-233-2717

Study Area Code of Reporting Carrier: 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	219015
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<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Joseph Fernandez
<035>	Contact Telephone Number - Number of person identified in data line <030>	352-233-2717
<039>	Contact Email Address - Email Address of person identified in data lin	jfernandez.compliance@absolutehomephones.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:		
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:	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:		
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:	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.

(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
OMB Control No. 3060-0819
July 2013

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<039> Contact Email Address - Email Address of person identified in data line <030>	jfernandez.compliance@absolutehomephones.com

Filed as reviewed single company	☐	Filed as audited single company	☐
Filed as reviewed consolidated company	☐	Filed as audited consolidated company	☐
Filed as subsidiary of reviewed consolidated company	☐	Filed as subsidairy 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		
0. 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		
1. Investment in Affiliated Companies			42. Reacquired Debt		
a. Rural Development			43. Obligations Under Capital Lease		
b. Nonrural Development			44. Adv. From Affiliated Companies		
2. 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**		
3. Nonregulated Investments			47. Other Long-Term Liabilities		
4. Other Noncurrent Assets			48. Other Deferred Credits		
5. Deferred Charges			49. Other Jurisdictional Differences		
6. Jurisdictional Differences			50. Total Other Liabilities and Deferred Credits (47 thru 49)		
7. Total Noncurrent Assets (11 thru 16)			**EQUITY**		
			51. Cap. Stock Outstanding & Subscribed		
PLANT, PROPERTY, AND EQUIPMENT			52. Additional Paid-in-Capital		
8. Telecom, Plant-in-Service			53. Treasury Stock		
9. Property Held for Future Use			54. Membership and Cap. Certificates		
0. Plant Under Construction			55. Other Capital		
1. Plant Adj., Nonop. Plant & Goodwill			56. Patronage Capital Credits		
2. Less Accumulated Depreciation			57. Retained Earnings or Margins		
3. Net Plant (18 thru 21 less 22)			58. Total Equity (51 thru 57)		
4. TOTAL ASSETS (10+17+23)			**59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)**		

(3005b) Operating Report for Privately-Held Rate of Return Carriers
Income Statement - Data Collection Form
Page 2 of 3

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

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<020> Program Year 2014

<030> Contact Name - Person USAC should contact regarding this data Joseph Fernandez

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<039> Contact Email Address - Email Address of person identified in data line <030> jfernandez.compliance@absolutehomephones.com

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]		