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

Via ECFS

June 27, 2014

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

Dear Ms. Dortch,

KCTC PCS (KCTC) hereby submits the attached "FCC Form 481 – Carrier Annual Reporting Data Collection" pursuant to sections §54.313 and §54.422 of the Commission's rules, as filed with the Universal Service Administrative Company.

As a Competitive Local Exchange Carrier, KCTC is not required to provide a 5 Year Service Quality Improvement Plan (Section 100, Line 112) or financial data (Section 3000). of Form 481 requires the filing of financial information per 47 C.F.R. §54.313(f)(2).

FCC Form 481 will also be filed prior to July 1st with the Iowa Utilities Board.

Please contact me with any questions you have on this filing.

Sincerely,
/s/ Dave Beier

Dave Beier
Consulting Manager
GVNW Consulting, Inc.
(217) 698-2700
dbeier@gvnw.com

Enclosures

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	359037
<015>	Study Area Name	KCTC PCS
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Casey Peck
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3196563668 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	casey.peck@kctc.net

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)	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>	Line 510 KCTC PCS.pdf	(attached descriptive document)	✓	✓
<600>	Functionality in Emergency Situations	(check to indicate certification)	✓	✓
<610>	Line 610 KCTC PCS.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	(check to indicate certification)	✓	
<1010>	KCTC PCS Line 1010-1.pdf	(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	359037
<015>	Study Area Name	KCTC PCS
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Casey Peck
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196563668 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	casey.peck@kctc.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.

Name of Attached Document

Please check these boxes below to confirm that the attached documents(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	☐
<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	359037
<015>	Study Area Name	KCTC PCS
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Casey Peck
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196563668 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	casey.peck@kctc.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

(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	359037
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<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Casey Peck
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196563668 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	casey.peck@kctc.net

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	40.0

<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	359037
<015>	Study Area Name	KCTC PCS
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Casey Peck
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196563668 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	casey.peck@kctc.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	359037
<015>	Study Area Name	KCTC PCS
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Casey Peck
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196563668 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	casey.peck@kctc.net

<810>	Reporting Carrier	KCTC PCS
<811>	Holding Company	Kalona Cooperative Telephone Company
<812>	Operating Company	Kalona Cooperative Telephone Company

<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	359037
<015>	Study Area Name	KCTC PCS
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Casey Peck
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196563668 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	casey.peck@kctc.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,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	359037
<015>	Study Area Name	KCTC PCS
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Casey Peck
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196563668 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	casey.peck@kctc.net

<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	359037
<015>	Study Area Name	KCTC PCS
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Casey Peck
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196563668 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	casey.peck@kctc.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

KCTC PCS Lifeline Brochure.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

<010>	Study Area Code	359037
<015>	Study Area Name	KCTC PCS
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Casey Peck
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196563668 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	casey.peck@kctc.net

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 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 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	359037
<015>	Study Area Name	KCTC PCS
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Casey Peck
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196563668 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	casey.peck@kctc.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) **Progress Report on 5 Year Plan**
Milestone Certification {47 CFR § 54.313(f)(1)(i)}

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}

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 required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

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 issued by the independent certified public accountant that performed the company's financial audit.

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

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	359037
<015>	Study Area Name	KCTC PCS
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Casey Peck
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196563668 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	casey.peck@kctc.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: KCTC PCS

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/24/2014

Printed name of Authorized Officer: CASEY PECK

Title or position of Authorized Officer: CFO/GM

Telephone number of Authorized Officer: 3196563668 ext.

Study Area Code of Reporting Carrier: 359037 Filing Due Date for this form: 07/01/2014

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	359037
<015>	Study Area Name	KCTC PCS
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Casey Peck
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196563668 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	casey.peck@kctc.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

(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	359037
<015>	Study Area Name	KCTC PCS
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Casey Peck
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196563668 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	casey.peck@kctc.net

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	40.0

<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**
IA	319-656		FR	40.0	0.0	0.0	0.0	40.0
IA	319-656		FR	50.0	0.0	0.0	0.0	50.0

(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	359037
<015>	Study Area Name	KCTC PCS
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Casey Peck
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196563668 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	casey.peck@kctc.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	Kalona Co-op	10.0	0.0	10.0	4.0	4.0	3.0	Overage Charge
IA	Kalona Co-op	25.0	0.0	25.0	4.0	4.0	4.0	Overage Charge
IA	Kalona Co-op	35.0	0.0	35.0	4.0	4.0	100.0	Other, Unlimited
IA	Kalona Co-op	40.0	0.0	40.0	4.0	4.0	0.0	Other, Unlimited on two lines

(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	359037
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<039>	Contact Email Address - Email Address of person identified in data line <030>	casey.peck@kctc.net

<810>	Reporting Carrier	KCTC PCS
<811>	Holding Company	Kalona Cooperative Telephone Company
<812>	Operating Company	Kalona Cooperative Telephone Company

<813>

<a1>	<a2>	<a3>
Affiliates	**SAC**	**Doing Business As Company or Brand Designation**
KCTC PCS	359037	KCTC PCS

Response Line 510
KCTC PCS
Study Area 359037

Pursuant to 47 C.F.R. § 54.313(a)(5) and or 47 C.F.R. § 54.422(b)(3) KCTC PCS ("COMPANY") is in compliance with appropriate FCC Service Quality Standards and Consumer Protection Rules. KCTC PCS provides CPNI training to all of its new employees and in addition trains all of its existing employees on an annual basis. KCTC PCS also conducts subscriber outreach regarding CPNI by periodically placing CPNI explanation messages onto its website informing subscribers on CPNI rules and regulations. In addition KCTC PCS trains staff on Red Flag issues on an annual basis. All company employees are required to sign and acknowledge that they have completed CPNI and Red Flag training and understand obligations to adherence of applicable rules.

KCTC PCS also outlines its rates, terms, and conditions under which COMPANY offers service in its Local Exchange Tariff. The tariff explains customer rights and obligations, customer service, dispute resolution, deposits, billing and payment options, disconnection of service as well as cancellation of service options. KCTC PCS keeps its tariffs available for public inspection at its business offices.

Response Line 610
KCTC PCS
Study Area 359037

Functionality in Emergency Situations:

Pursuant to 47 C.F.R. § 54.313(a)(6) and 47 C.F.R § 54.22(b)(4) as set forth in 47 C.F.R. § 54.202(a)(2) KCTC PCS ("NAME") meets the requirements to remain functional in emergency situations and has the following capabilities: Back-up power is provided to KCTC PCS central by use of a fixed generator and batteries that provide it with 8 hours of emergency power. In addition, KCTC PCS field electronics have 10 hours of back-up power by use of mobile generators and batteries. KCTC PCS also has SONET technology deployed in its core fiber optic network that is a self-healing and will automatically reroute traffic should a fiber cut occur. In addition KCTC PCS has connectivity to the neighboring exchanges of Wellman, Sharon Center/Hills and Liberty Communications to exchange traffic and also has connectivity to the LATA Tandem which further provides capabilities of handling traffic. Lastly, KCTC PCS is prepared and capable of managing traffic spikes resulting from emergency situations and has developed procedures for employees to follow during emergency situations.

Response Line 1010
KCTC PCS
Study Area 359037

As evidenced by the data provided in line 700 of this Form 481 (showing a $40. local rate), KCTC PCS's voice service pricing is no more than the standard deviations above the national average urban rate ($46.96) as announced by the Wireline Competition Bureau on March 20, 2014 (DA 14-384)

Low-Income Telephone Assistance Program

Lifeline

Lifeline is a plan that assists qualified low-income Iowans by providing a monthly reduction of $9.25 on their local telephone bill.

<u>You may only receive low-income assistance from one wireline or wireless telephone provider per household.*</u>

NOTE:
A "Household" is defined as any individual or group of individuals who are living together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household.

Eligibility Requirements

To be eligible for Lifeline assistance, you must meet income-based criterion currently defined as at or below 135 % of the Federal Poverty Guidelines (see table inside) **OR** participate in at least one of the following programs:

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Low-Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance to Needy Families Program (TANF)
- National School Lunch Program (NSL)

In addition, you must not currently be receiving Lifeline assistance, and no other person in your household can be subscribed to the Lifeline program.

To Apply for Lifeline:

1. Complete the certification form attached to this brochure, (please include any supporting documents) and submit it to your local telecommunications provider's business office. This address can be found in your local telephone directory.

2. Re-certification forms are mailed to all subscribers every year. When you receive a re-certification form, complete and return it to your local telecommunications provider within 30 days. Your telecommunications provider will suspend your eligibility for low-income assistance if you do not return the re-certification form.

Federal Government Lifeline Program for Low-Income Telephone Assistance

Revised: August 2012

Courtesy of:

Iowa Telecommunications Association,
Iowa Utilities Board,
Rural Iowa Independent Telephone Association, and
your Local Telephone Company

Company Name _____

135 percent of federal poverty guidelines

(*As of May 2012*)

Number of people living in home	Household Income (at or below)
1	$15,080
2	$20,426
3	$25,772
4	$31,118
5	$36,464
6	$41,810
7	$47,156
8	$52,502
* For each additional person	Add $5,346

Application Checklist

Please provide the following information:

1. A signed and completed Lifeline assistance certification form.

2. A copy of one of the following if applying based on the size and income level of a customer's household:

- Last year's federal or state income tax return
- Current annual income statement from employer
- Paycheck stubs for most recent three consecutive months
- Social Security statement of benefits
- Veteran's Administration statement of benefits
- Retirement or pension statement of benefits
- Unemployment or worker's compensation statement of benefits
- Letter of participation in general assistance
- Divorce decree or child support documentation

3. Supporting documentation of program-based eligibility if applying based on participation in any programs listed on the back of this brochure.

Acceptable documentation of program eligibility includes the current or prior year's statement of benefits from a qualifying assistance program, a notice, letter or documents of participation in a qualifying assistance program, or another official document demonstrating that you, or one or more of your dependents, or your household receives benefits from a qualifying assistance program. **These documents will not be kept or stored by the local telecommunications provider**.

For questions, please call your local telecommunications provider.

Company Name:_____

Iowa Lifeline Assistance Certification Form

The information on this application is strictly confidential and will only be used to assess your eligibility for Lifeline Assistance. Any documentation received will not be kept, shared or stored.

(PLEASE PRINT)

Name:

_____

(Last) (First) (Middle)

Residential Address: (may not be a P.O. Box)

_____

(Street) (Apt. #) (City) (State) (Zip)

Check one below:

☐ Permanent Address ☐ Temporary Address (must verify address every 90 days)

Is this address occupied by multiple households? _____ Yes _____ No

Billing Address (if different than Residential Address):

_____

(Street) (City) (State) (Zip)

Telephone number or existing account number:_____

Date of Birth:(mm/dd/yyyy)_____ **Last 4 digits of Social Security #:** _ _ _ _

Please answer the following questions:

1. Are you or anyone in your household currently participating in any of the following programs? *(Check one & attach documentation*)*

   ☐ Medicaid (e.g. Title XIX/Medical, State Supplemental Assistance)

   ☐ Supplemental Nutrition Assistance

   ☐ Supplemental Security Income (SSI)

   ☐ Federal Public Housing Assistance Section 8

   ☐ Low-Income Home Energy Assistance Program (LIHEAP)

   ☐ Temporary Assistance to Needy Families Program (TANF)

   ☐ National School Lunch Program (NSL) Free Lunch Program; **OR**

2. Is your income at or below 135 percent of the Federal Poverty Guidelines?
   _____ Yes _____ No *(*Proof of income is required)*

   If yes, how many persons are in your household? _____

3. Are you or anyone else in your household currently receiving any Lifeline telephone assistance from any other wireline or wireless telephone provider?
   _____ Yes _____ No

NOTE: Any documentation received with the certification form will not be kept or stored by the local telecommunications provider.

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 the individual named on the documentation provided demonstrating program-based eligibility, if not me, is part of my household.

☐ I understand that willfully providing false or fraudulent information to receive a Lifeline benefit is punishable by law.

☐ I understand that Lifeline is a federal 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 allow my provider to give my full name, full residential address, date of birth and the last four digits of my social security number to the national database. I understand that failure to comply will deny me the Lifeline benefit.

☐ 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 meet the income-based or program-based criteria for receiving Lifeline service, if I am receiving more than one Lifeline benefit, or if another member of my household is receiving a Lifeline benefit, and that I 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.

Signature_____ Date_____

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.

SERVICE PROVIDER USE ONLY

Telephone # 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: _____