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December 15, 2016

VIA ELECTRONIC FILING

Ms. Patricia Van Gerpen, Executive Director
South Dakota Public Utilities Commission
Capitol Building, 1st Floor
500 East Capitol Avenue
Pierre, SD 57501-5070

Re: Revised CAF ICC Data Filings – Alliance Communications Cooperative, Inc.
Study Area 391405
Our File: 280.01

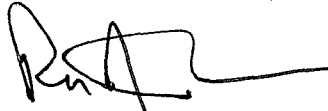
Dear Ms. Van Gerpen:

This letter and the attached documents are being filed pursuant to NECA's instructions regarding revised CAF ICC Intercarrier Compensation Recovery Certification. Attached to this letter are the revised CAF ICC Certifications for Alliance Communications Cooperative, Inc., Study AREA 391405. I have enclosed one counterpart of the documents which are marked as Confidential." Please treat them accordingly. I have enclosed a second set of the filings with confidential information redacted for public record.

If you have any questions regarding this filing, please feel free to contact me at your convenience at 605-335-4950.

Sincerely,

CUTLER LAW FIRM, LLP



Ryan J. Taylor
For the Firm

RJT:dah
Attachments
cc: Kari Flanagan

Study Area: ALLIANCE-HILLS SD (ID: 391405)

Revised CAFICC Support with Imputed ARC Revenue for Consumer Broadband Loops

Line ID	Line Description	Amount
10	Projected Average Monthly Consumer Broadband-Only Loops	14
20	Test Period 2016-2017 Projected ARC Revenues	
30	Test Period 2016-2017 Total Lines excluding Life Line	458
40	Average ARC per Line per Month	
50	ARC Revenue Adjustment	
60	Test Period 2016-2017 CAFICC Support	
70	Adjusted Test Period 2016-2017 CAFICC Support	

CONNECT AMERICA FUND

Data to be provided to USAC/FCC in December 2016 for CAF ICC Purposes

Current Settlement Type: Cost

Test Period 7/1/16-6/30/17 Post True-up (Filing) View

Rate-of-Return (ROR) Carrier Revenue Requirement	
1	2011 Interstate Switched Access Revenue Requirement
2	FY 2011 Intrastate Terminating Switched Access Revenues
3	FY 2011 Net Reciprocal Compensation Revenues
4	2011 ROR Carrier Base Period Revenue (Line 1 + Line 2 + Line 3)
5	ROR Carrier Baseline Adjustment Factor (0.95^5)
6	ROR Carrier Revenue Requirement (Line 4 x Line 5)
7	Pool Administration Expenses
8	Total ROR Carrier Revenue Requirement (Line 6 + Line 7)
Revenues from Reformed Inter-carrier Compensation (ICC) Rates	
9	Interstate Switched Access Revenues
10	Interstate Allocated Switched Access Revenues#
11	Transitional Intrastate Access Service Revenues
12	Net Transitional Reciprocal Compensation Revenues
13	Total ICC Revenue (Line 10 + Line 11 + Line 12)
Eligible Recovery	
14	TRS Increment
15	Regulatory Fees Increment
16	NANPA Increment
17	Interstate Local Switching Support for Price Cap Affiliates
18	Adjustment for Double Recovery or Corrections
19	Test Period 14/15 True-up Net Impact on Total Eligible Recovery
20	Eligible Recovery (Line 8 - Line 13) + (Line 14 + Line 15 + Line 16 + Line 18 + Line 19) -
Revenues from Access Recovery Charges (ARC)	
21	Residential ARC Revenues
22	Single-Line Business ARC Revenues
23	Multi-Line Business ARC Revenues
24	Total ARC Revenues (Line 21 + Line 22 + Line 23)
Connect America Fund (CAF) ICC Support**	
25	Connect America Fund (CAF) ICC Support (Line 20 - Line 24)
Revised CAF ICC Support with Imputed ARC Revenues for Consumer Broadband-Only	
26	ARC Revenue Adjustment
27	Adjusted Test Period 2016-2017 CAF ICC Support (Line 25 - Line 26)

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier				
I certify that (Name of Agent) <u>National Exchange Carriers Association, Inc.</u> 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 data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent is accurate.				
Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u>				
Name of Reporting Carrier: <u>ALLIANCE-HILLS SD</u>				
Signature of Authorized Officer: <u>Kari Flanagan</u>			Digitally signed by Kari Flanagan DN:cn=Kari Flanagan, email=karif@alliance.coop, O=alliance-hills sd, l=Garretson SD 57030, Date:11/29/2016	Date: <u>11/29/2016</u>
Printed name of Authorized Officer: <u>Kari Flanagan</u>				
Title or position of Authorized Officer: <u>CFO</u>				
Telephone number of authorized officer: <u>605-594-8228</u>				
Study Area Code of Reporting Carrier	<u>391405</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>12/19/2016</u>
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 REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: ALLIANCE-HILLS SD

Signature of Authorized Officer: **Kari Flanagan**

Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills sd,l=Garretson SD 57030, Date:11/29/2016

Date: 11/29/2016

Printed name of Authorized Officer: Kari Flanagan

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 605-594-8228

Study Area Code of Reporting Carrier

391405

Filing Due Date for this form
(mm/dd/yyyy)

12/19/2016

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