

Internet
Voice
Cloud Services
IT Services
Data Center Colocation
DirectTV

June 19, 2020

CONFIDENTIAL DOCUMENTS ENCLOSED

Mr. Adam Teitzman Commission Clerk Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850



NOISSIMMES

ALCEIVED-FPSC

RE: FPSC Docket No. 20200157-TP

2021 State Certification §54.313 and §54.314 – Annual Reporting Requirements for High-cost Recipients and Certification of Support for Eligible Telecommunication Carriers

Dear Mr. Teitzman:

Enclosed is a copy of the FCC Form 481 for ITS Telecommunications Systems, Inc. d/b/a ITS Fiber as filed with the required information pursuant to sections §54.313 and §54.422 of the FCC's rules. Also enclosed for filing in the above referenced docket is the signed Affidavit of Bruce Russell on behalf of ITS Telecommunications Systems, Inc. d/b/a ITS Fiber certifying that all federal high cost support received by ITS Telecommunications Systems, Inc. d/b/a ITS Fiber in 2021 will only be used for the provisioning, maintenance, and upgrading of facilities and services for which such support is intended.

ITS Telecommunications Systems, Inc. d/b/a ITS Fiber respectfully requests that the Florida Public Service Commission file the annual certification regarding the federal high-cost support with the Federal Communications Commission (FCC) and the Universal Service Administration Company (USAC) pursuant to 47 CFR § 54.314.

ITS Telecommunications Systems, Inc. d/b/a ITS Fiber has filed the financial information under a claim of confidentiality pursuant to the Section 364.183(1) of the Florida Statutes, and Rule 25-22-006(5)(a) of the Florida Administrative Code. One highlighted copy is sealed in an envelope marked "CONFIDENTIAL" with the confidential information highlighted in yellow and one redacted copy that is available for public inspection are enclosed.

Please contact Donna Marreel at 772-597-3161 if you have any questions regarding this filing.

Sincerely

Bruce Russell

Chief Financial Officer

Enclosure

FPSC Docket No. 20200157-TP 2021 State Certification §54.313 and §54.314 – Annual Reporting Requirements for High-cost Recipients and Certification of Support for Eligible Telecommunication Carriers

AFFIDAVIT

STATE OF FLORIDA COUNTY OF MARTIN

My name is Bruce Russell. I am employed by ITS Telecommunications Systems, Inc. d/b/a ITS Fiber ("ITS Fiber" or the "Company") as Chief Financial Officer. I possess substantial knowledge of the Company's operations and am an officer authorized to give this affidavit on behalf of the Company. This affidavit is being given to support the certification of the Florida Public Service Commission ("Commission") as contemplated in 47 C.F.R. §54.313 and §54.314.

ITS Fiber hereby certifies that all federal high-cost support was used in the preceding calendar year, and will utilize it during 2021, only for the provision, maintenance and upgrading of facilities and services for which the support is intended, consistent with 47 U.S.C. §254(e) of the Telecommunications Act of 1996.

ITS Fiber hereby certifies that it follows appropriate procedures for network outage reporting as per the Federal Outage Reporting Order and State Outage Reporting Requirements. For the period between March 1, 2019 and March 1, 2020, ITS Fiber did not have any Federal FCC or Florida Public Service Commission reportable outages.

ITS Fiber hereby certifies that it did fulfill all requests for service from potential customers.

ITS Fiber hereby certifies that it received zero (0) FCC complaint during the period of March 1, 2019 through March 1, 2020. ITS Fiber received zero (0) complaints filed with the FPSC during the period March 1, 2019 to March 1, 2020.

ITS Fiber hereby certifies that it complies with the applicable state PSC quality of service standards and state consumer protection rules in accordance with Florida Statues and the Florida Administrative Code.

FPSC Docket No. 20200157-TP 2021 State Certification §54.313 and §54.314 - Annual Reporting Requirements for High-cost Recipients and Certification of Support for Eligible Telecommunication Carriers

BEFORE ME, the undersigned authority, personally appeared Bruce Russell, known to me to be a credible person and of lawful age, who deposed and said:

FURTHER AFFIANT SAYETH NOT.

Bruce Russell

Chief Financial Officer

ITS Fiber

STATE OF FLORIDA COUNTY OF MARTIN

Acknowledged before me this 17th day of June, 2020 by Bruce Russell, as Chief Financial Officer of ITS Telecommunications Systems, Inc. d/b/a ITS Fiber, who is personally

known to me and did not take an oath.



Donna J. Marreel Notary Public

Personally known _____

Produced Identification _____

Type of Identification Produced _____

Page 1	
--------	--

FCC For	m 481 - Carrier Annual Reporting Data Collection Form	FCC Form 461 ONIB Centrol No. 2060-0986/ONIS Centrol No. 2080-0619 July 2018
<010>	Study Area Code	210331
<015>	Study Area Name	ITS TELECOMM. SYS.
<020>	Program Year	2021
<030>	Contact Name: Person USAC should contact with questions about this data	Donna Marreel
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7725973161 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	donnam@itsfiber.com
	Form Type	54.313 and 54.422
		

(200) Service Outage Reporting (Voice) FCC Form 481 **Data Collection Form** OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018 <010> Study Area Code 210331 <015> Study Area Name ITS TELECOMM. SYS. <020> Program Year 2021 <030> Contact Name - Person USAC should contact regarding this data Donna Marreel 7725973161 ext. <035> Contact Telephone Number - Number of person identified in data line <030> <039> Contact Email Address - Email Address of person identified in data line <030> donnam@itsfiber.com <210> For the prior calendar year, were there any reportable voice service outages? <220> <a> <b1> <b2> <b3> <b4> <c1> <c2> <d> <f> <e> <h> <g> NORS **Did This Outage** Reference Outage Start | Outage Start Outage End **Outage End** Number of 911 Facilities Service Outage Affect Multiple Number Date Time Date Time Customers Affected **Total Number of** Affected Description (Check **Study Areas Service Outage** Preventative Customers (Yes / No) all that apply) (Yes / No) Resolution **Procedures**

(400) Number of Complaints per 1,000 customers	PPG Pa	404
Data Collection Form	FCC Form OM8 Cor	481 trol No. 3060-0986/OMB Control No. 3060-0819
	July 2018	

<010>	Study Area Code 210331		
<015>	Study Area Name ITS TELECOMM. SYS.		
<020>	Program Year 2021		
<030>	Contact Name - Person USAC should contact regarding this data Donna Marreel		
<035>	Contact Telephone Number - Number of person identified in data line <030> 7725973161 ext.		
<039>	Contact Email Address - Email Address of person identified in data line donnam@itsfiber.com <030>		
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.		
<410>	Complaints per 1000 customers for fixed voice		
<420>	Complaints per 1000 customers for mobile voice		

	pilance With Service Quality Standards and Consumer Protection Rules ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	210331
<015>	Study Area Name	ITS TELECOMM, SYS.
<020>	Program Year	2021
<030>	Contact Name - Person USAC should contact regarding this data	Donna Marreel
<035>	Contact Telephone Number - Number of person identified in data line <030>	7725973161 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	donnam@itsfiber.com

<515> Certify compliance with applicable minimum service standards

Data Co	oliection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	210331
<015>	Study Area Name	ITS TELECOMM, SYS.
<020>	Program Year	2021
<030>	Contact Name - Person USAC should contact regarding this data	Donna Marreel
<035>	Contact Telephone Number - Number of person identified in data line <030>	7725973161 ext.
<039>	Contact Email Address - Email Address of person Identified In data line <030>	donnam@itsfiber.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	210331f1610 Emergency Situations + 2021.pdf

FCC Form 481

(600) Functionality in Emergency Situations

Functionality in Emergency Situations

ITS Telecommunications Systems, Inc., d/b/a ITS Fiber, ("ITS Fiber") certifies that our company is compliant in emergency situations as set forth in the Code of Federal Regulations. We have a Disaster and Hurricane Preparedness Plan in place and update it periodically as needed. ITS Fiber has employees who attend state and county sponsored emergency planning and training events in which to help coordinate and address emergency situations at the state and county levels. There are ongoing communications with these emergency operations departments when potential emergencies are identified. We have an IT Steering Committee that meets several times a year to review our Emergency Preparedness Policies.

ITS Fiber's central office is designed to withstand power failures through the use of batteries and backup generators. We also have backup generators for our remotes which will keep running until commercial power is restored as long as fuel is available. The IT Department and the Outside Plant Department perform scheduled routine maintenance of our batteries and generators. Our IT Department monitors our network 24/7/365 which ensures timely responses when a problem arises. Our serving area has network redundancy that provides an alternate route when needed.

SACULT PRODUCT	erating Companies lection Form				FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code		210331		
<015>	Study Area Name		ITS TELECOMM	. SYS.	
<020>	Program Year		2021		
<030>	Contact Name - Person L	JSAC should contact regarding this data	Donna Marree	1	
<035>	Contact Telephone Num	ber - Number of person identified in data line <030>	7725973161 e	xt.	
<039>	Contact Email Address -	Email Address of person identified in data line <030>	donnam@itsfi	ber.com	
<810>	Reporting Carrier	ITS Telecommunications Systems, Inc.			
<811>	Holding Company	Postco, Inc.			
<812>	Operating Company	ITS Telecommunications Systems, Inc.			
<813> <u></u>		t di b		92>	48 5
		Affiliates		SAC	Doing Business As Company or Brand Designation
-					
_					
-		****	• • • • • • • • • • • • • • • • • • • •		
_			*****	<u> </u>	
_					
-			N4		
-			See attac	ned workshee	PART
-		***************************************			
-	· · · · · · · · · · · · · · · · · · ·	***************************************			
-	· · · · · · · · · · · · · · · · · · ·				
-					
_	······································				
•					
-			***************************************	<u> </u>	
-					
_					
_					
-					
-	*****************************				

	(890) Operating Companies Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
--	--	--	--

<010>	Study Area Code		210331
<015>	Study Area Name		ITS TELECOMM, SYS.
<020>	Program Year		2021
<030>	O> Contact Name - Person USAC should contact regarding this data		Donna Marreel
<035>	5> Contact Telephone Number - Number of person identified in data line <030>		7725973161 ext.
<039>	<039> Contact Email Address - Email Address of person identified in data line <030>		donnam@itsfiber.com
<810>	Reporting Carrier	ITS Telecommunications Systems, Inc.	
<811>	Holding Company	Postco, Inc.	
<812>	Operating Company	ITS Telecommunications Systems, Inc.	

3>	<#2>	405
Affiliates	SAC	Doing Business As Company or Brand Designation
ITS Telecommunications Systems, Inc.	210331	ITS Fiber

	TANK TO BE STORY TO SEE THE SECOND SE	

	ibal Lands Reporting flection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2018
<010>	Study Area Code	210331	
<015>	Study Area Name	ITS TELECOMM. SYS.	
<020>	Program Year	2021	
<030>	Contact Name - Person USAC should contact regarding this data	Donna Marreel	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7725973161 ext.	
<039>	Contact Email Address - Email Address of person Identified in data line <030>	donnam@itsfiber.com	
<900>	Does the filing entity offer tribal land services? (Y/N)	No	
<910>	Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation	Name of Atta	ached Document
to confi demons	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached PDF, on line 920, strates coordination with the Tribal government pursuant to 3(a)(5) includes:	Select Yes or No or Not Applicable	
<921> <922>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions. 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.		

A CALL THE CONTRACTOR	oice and Broadband Service Rate Comparability lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code		210331
<015>	Study Area Name		ITS TELECOMM. SYS.
<020>	Program Year		2021
<030>	Contact Name - Person USAC should contact regarding this data		Donna Marreel
<035>	Contact Telephone Number - Number of person identified in data lin	ne <030>	7725973161 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ne <030>	donnam@itsfiber.com
<1000>	Voice services rate comparability certification	Yes	~
<1010>	Attach detailed description for voice services rate comparability compliance	2103	31f11010 Voice - 2021.pdf
			Name of Attached Document
<1020>	Broadband comparability certification	Yes the	- Pricing is no more than the most recent applicable benchmark announced by Wireline Competition Bureau
<1030>	Attach detailed description for broadband comparability compliance	21033	Blfl1030 Broadband - 2021.pdf
			Name of Attached Document

Voice Services Rate Comparability Certification

ITS Telecommunications Systems, Inc. d/b/a ITS Fiber hereby certifies that the price of our fixed residential voice service of \$25.50, effective August 1, 2018, is no more than two standard deviations of the national average urban rate of \$34.81, (i.e., \$54.76), as required in 47 C.F.R. § 54.313(a)(10).

Broadband Comparability Certification

ITS Telecommunications Systems, Inc. d/b/a ITS Fiber hereby certifies that the rates of our fixed broadband for the download speeds of 10 Mbps and 25 Mbps with the upload speeds of 1 Mbps and 3 Mbps, respectively, do not exceed the benchmark rates as required in 47 C.F.R. § 54.313(g).

(1100) No Terrestrial Backhaul Reporting Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	210331	
<015>	Study Area Name	ITS TELECOMM. SYS.	
<020>	Program Year	2021	
<030>	Contact Name - Person USAC should contact regarding this data	Donna Marreel	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7725973161 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	donnam@itsfiber.com	
<1100>	Certify whether terrestrial backhaul options exist (Y/N)	Yes	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	
<1140>	Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.		

Lifeline	erms and Condition for Lifeline Customers		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	210331	
<015>	Study Area Name	ITS TELECOMM. SYS.	
<020>	Program Year	2021	
<030>	Contact Name - Person USAC should contact regarding this data	Donna Marreel	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7725973161 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	donnam@itsfiber.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		Name of Attached Document
<1220>	Link to Public Website HTTP h	ttp://www.itsfiber.com/its-fiber	-customer-information
or the we	neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must 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.		

REDACTED

(3005) Rate Of Return Carrier Additional Documentation Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	210331
<015>	Study Area Name	ITS TELECOMM. SYS.
<020>	Program Year	2021
<030>	Contact Name - Person USAC should contact regarding this data	Donna Marreel
<035>	Contact Telephone Number - Number of person identified in data line <030>	7725973161 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	donnam@itsfiber.com

(3007) Does this filing retain a Cost Consultant and/or Firm, or other Third Party to prepare financial and operations data disclosures submitted to the National Exchange Carrier Association (NECA), USAC, or the Administrator?

Yes

(3007a)	(3007b) Name of Consultant Firm/Third Party		
Name of Consultant			
Bhavini Sokhey	JSI		

CAF BLS Reporting

(3008A)	Please indicate whether new locations were deployed during the prior calendar year.	(Yes/No)	Yes
(3008B)	Please enter the number of newly deployed locations in the prior calendar year associated with each of the following speed tiers.		
(3008B1)	Number of newly deployed locations with access to broadband speeds of at least 10/1 Mbps but less than 25/3 Mbps.		0
(3008B2)	Number of newly deployed locations with access to broadband speeds of 25/3 Mbps or higher.		
(3008C)	Please provide the percentage of deployment across the entire study area.		

(3005) Rate Of Return Carrier Additional Documentation Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	210331
<015>	Study Area Name	ITS TELECOMM. SYS.
<020>	Program Year	2021
<030>	Contact Name - Person USAC should contact regarding this data	Donna Marreel
<035>	Contact Telephone Number - Number of person identified in data line <030>	7725973161 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	donnam@itsfiber.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure 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.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
		Yes - Attach Certific	cation
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		210331fl3010B Certification of Public Interest Obligations - 2021.pdf
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community Anchors	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}		
(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		
(3015)	requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications	/	
(3016)	Borrowers) Document(s) with Balance Sheet, Income Statement		21021512017 545

REDACTED

(3005) Rate Of Return Carrier Additional Documentation (Continued)

Deta Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-081 July 2018		
<010>	Study Area Code	210331			
<015>	Study Area Name	ITS TELECOMM. SYS.			
<020>	Program Year	2021			
<030>	Contact Name - Person USAC should contact regarding this data	Donna Marreel			
<035>	Contact Telephone Number - Number of person identified in data line <030>	7725973161 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	donnam@itafiber.com			

FCC Form 481

Financial Data Summary	A STATE OF THE STA
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	and a
(3034) Dividends	

Certification of Public Interest Obligations

ITS Telecommunications Systems, Inc. d/b/a ITS Fiber, ("ITS Fiber"), hereby certifies that we have been able to provide speeds of 25Mbps down/3Mbps up and higher to subscribers in our service area.

ITS Fiber continues working toward our goal to provide all our subscribers in our serving area a minimum of 25/3 by adding another locations in 2019 which brings the total locations to since May 26, 2016.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to response to this information collection is 3333. The time required to complete as information collection is 2333. The time required to complete as information collection is estimated to average a hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FINANCIAL AND STATISTICAL REPORT		This data will be used by RUS to review your financial situation. Your response is required by 7 U.S.C. 901 et seq. and, subject to federal laws and regulations regarding confidential information, will be treated as confidential.				
		BORROWER NAME				
		ITS Telecommunications Systems, Inc.				
		ADDR				
		Indi	antown, Florida			
NSTRUCTIONS-Submit report to RUS within 15 days after close of the period.		PERIO	D ENDING	BORROWER DESI	GNATION	
			December 2019	FL1103		
We hereby certify that: 1. the entries in this report are in accordance with the accounts and to the best of our knowledge and belief; and 2. we have fulfilled our obligations under the Loan Documents th ALL INSURANCE REQUIRED BY 7 CFR PART 1788, CREAT 178	d other records of the sy croughout the year in all CHAPTER XVII, RU	l material	i reflect the status of the system	G PERIOD AND		
All of the obligations under the RUS loan documents have been fulfilled in all material respects.			There has been a default in the fulfillment of the obligations under the RUS loan documents. Said default(s) is/are specifically described in the notes section of this report.			
Jeffrey Leslie		-	05/26/2020	_		
! .			DATE	•		
	PART A. BAI	LANCE				
ASSETS	BALANCE END OF PERIOD		LIABILITIES AND STOCKHOLDERS' EQUITY		BALANCE END OF PERIOD	
CURRENT ASSETS	LIND OF FERIOD	CURRE	ENT LIABILITIES		END OF PERIOD	
1. Cash and Equivalents		1	Accounts Payable			
2. Cash-RUS Construction Fund		1	Notes Payable			
3. Accounts Receivable			Current Mat. L/T Debt - RLIS			
4. Notes Receivable			Current Mat. UT Debt-Other			
5. Materials and Inventory		20.	Current MatCapital Leases			
6. Other Current Assets			Other Current Liabilities			
Total Current			Total Current			
7. Assets (1 thru 6)		22. Ł	labilities (16 thru 21)			
NONCURRENT ASSETS			TERM DEBT			
8. Investment in Affiliated Companies		23.	Funded Debt-RUS Notes			
9. Other Noncurrent Assets	0, 600, 600	24.	Funded Debt-RTB Notes			
LANT, PROPERTY, AND		25.	Funded Debt-FFB Notes			
EQUIPMENT		26.	Funded Debt-Other			
10. Telecom. Plant-in-Service			Total Long-Term			
		27.	Debt (23 thru 26)			
1. Plant Under Construction		OTHER	LIAB. & DEF. CREDITS			
2. Plant Adj., Nonop. Plant, & Goodwill		28.	Other Long-Term Liabilities			
3. Less Accumulated Depreciation		EQUITY				
Net Plant		29.	Cap. Stock Outstand. & Subscribed			
4. (10 thru 12 less 13)		30.	Additional Paid-in-Capital			
		31. Membership and Cap. Certificates				
		32.	Patronage Capital Credits			
		33.	Retained Earnings or Margins			
		34. Total Equity (29 thru 34)				
		TOTAL LIABILITIES AND				
5. (7+8+9+14)			EQUITY (22+27+28+34)	<u> </u>		
Total Equity =		% of	Total Assets			

USDA-RUS



FINANCIAL AND STATISTICAL REPORT FOR BROADBAND BORROWERS

FL1103

PERIOD ENDING

December 2019

PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MAI	RGINS
ITEM	YEAR-TO-DATE
1. Local Network Services Revenues	
a. Voice	
b. Video	
c. Internet	
i. Broadband	
ii. Other	
2. Network Access Services and Long Distance Revenues	
3. Miscellaneous Revenues	
4. Other Operating Income	
5. Uncollectible Revenues	
6. Net Operating Revenues (11 thru 4 less 5)	
7. Plant Specific Operations Expense	
8. Plant Nonspecific Operations Expense	<u></u>
(Excluding Depreciation & Amortization)	
9. Customer Operations Expense	
10. Corporate Operations Expense	
11. Other Operating Expenses	
12. Total Operating Expenses (7 thru 11)	
13. Operating Income or Margins (6 less 12)	
14. Nonoperating/Nonregulated Net Income	
15. EBIDTA (13 + 14)	
16. Depreciation Expense	
17. Amortization Expense	
18. EBIT (15 - 16 - 17)	
19. Interest on Funded Debt	
20. Other Interest Expense	
21. Taxes	
a. Property	
b. Income	
22. Total Net Income or Margins	
(18-19-20-21)	
23 Dividends Declared (Common)	
24 Dividends Paid	
25 Transfers to Patronage Capital	
26 Principal Payments on Long Term Debt and Capital Leases	
27 TIER (19 + 20 + 22) / (19 + 20)	

USDA-RUS

REDACTED ORROWER DESIGNATION

FINANCIAL AND STATISTICAL REPORT FOR BROADBAND BORROWERS

FL1103

PERIOD ENDING

December 2019

PART D. STATEMENT OF CASH FLOWS	
	T
1. Beginning Cash	
CACULEI OMO EDOM ODDO STATE OF THE STATE OF	
CASH FLOWS FROM OPERATING ACTIVITIES:	
2. Net Income	
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities	
3. Add: Depreciation	
4. Add: Amortization	
5. Other (Explain) Other assets not listed below	
Changes in Operating Assets and Liabilities:	
6. Decrease/(Increase) in Accounts Receivable	
7. Decrease/(Increase) in Materials and Inventory	
8. Decrease/(Increase) in Other Current Assets	
9. Increase/(Decrease) in Accounts Payable	
10. Increase/(Decrease) in Other Current Liabilities	0
11. Net Cash Provided/(Used) by Operations	
net Cash Provided/Osed) by Operations	
CASH FLOWS FROM FINANCING ACTIVITIES:	
12. Decrease/(Increase) in Notes Receivable	0
13. Increase/(Decrease) in Notes Payable	0
14. Plus:/(Less) Net Increase/(Decrease) in Long Term Debt (including current maturities)	
15. Plus: Increase/(Less: Decrease) in Capital Stock, Paid-in Capital or Membership and Capital Certificates	0
16. Less: Payment of Dividends 17. Other (Explain)	
17. Other (Explain)	
18. Net Cash Provided/ (Used) by Financing Activities	
	· · · · · · · · · · · · · · · · · · ·
CASH FLOWS FROM INVESTING ACTIVITIES:	
19. Net Capital Expenditures	
20. Long-Term Investments	
21. Other (Explain) Other changes in assets not covered in cash flow items listed here.	
other changes in absects not covered in cash from frents fristed here.	
22. Net Cash Provided (Used) by Investing Activities	
23. Net Increase/ (Decrease) in Cash	
THE MAINTENANT (DECIGES) III DESI	
24. Ending Cash	

Certification - Reporting Cerrier Deta Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	210331
<015>	Study Area Name	ITS TELECOMM. SYS.
<020>	Program Year	2021
<030>	Contact Name - Person USAC should contact regarding this data	Donna Marreel
<035>	Contact Telephone Number - Number of person identified in data line <030>	7725973161 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	donnam@itsfiber.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

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: ITS TELECOMM. SYS.

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/18/2020

Printed name of Authorized Officer: Bruce Russell

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 7725972106 ext.

Filing Due Date for this form: 07/01/2020 Study Area Code of Reporting Carrier:

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.