# GTC Broadband, Inc.

### **Company Name**

(Provide the full name of the company as certificated or registered with the Missouri Public Service Commission, including any Commission approved d/b/a, if applicable. Please do not abbreviate.)

# TELECOMMUNICATIONS COMPANY OR IVoIP PROVIDER ANNUAL REPORT TO THE

# MISSOURI PUBLIC SERVICE COMMISSION

For the Calendar Year of January 1 - December 31, \_\_\_\_\_2020\_\_\_

This filing is	required pursuant to Commission Rule 20 CSR 4240-28.012 and/or Section 392.210 RSMO.
Please se	lect how the company is certificated and/or registered with the Commission (check
	Incumbent Local Telecommunications Company (ILEC)
	Competitive Local Exchange Telecommunications Company (CLEC)
х	Interexchange or Local Non-Switched Telecommunications Company (IXC)
Х	Interconnected Voice over Internet Protocol Service Provider (IVoIP)
the Comn registration	an one certificate or registration is held by the company you must file an annual report nission's Electronic Filing and Information System (EFIS) for each certificate or on. In such situations, we anticipate the annual reports to be identical; however please following:
	The various annual reports filed in EFIS are identical.
	The various annual reports filed in EFIS are different.
Х	Not applicable (Company only has one certificate or registration; therefore only one annual report was filed in EFIS.)
Please ch	noose one of the following filing options to indicate the security level of the filing:
X	Public submission (NOT Confidential)
	<b>Non-Public submission</b> (Confidential) (See instructions for special requirements.)  For this filing to be considered Confidential, additional submission of materials is required, pursuant to Commission Rule 20 CSR 4240-2.135.
Excel Issue Da	ate: 2/19/2020 For use when filing under seal.

in

	Report of			GTC Broadband, Inc.
		for the cale	endar year o	of January 1 - December 31, 2020
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State in full the con	0.700		••	417-472-6211
	126 S Beaver Ave			Telephone Number
Co	mpany Street Add	ress		relephone Hamber
	PO Box 200			e
Company Mailing A	ddress (if different	from street	address)	
Granby MO	64844			_
City		State	Zip	
The company's conta	act information in	EFIS has b	een review	ed (and updated as applicable).
✓ Yes	☐ No			
Annual Report Conta List the contact inform from the address in Ite	ation of the person	completing	the form, wl	nether an employee or a third-party preparer. This may diff
Cheri M Johns	on			_
)	Name			
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Granby City	Street Address PO Box 200 Mailing Address MO	64844	Zip	-
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Granby City (417) 472-62 cheri@jscomm	Street Address PO Box 200 Mailing Address MO  11 Telephone Number net Email Address	64844 State		-
Granby City (417) 472-62 cheri@jscomm	Street Address PO Box 200 Mailing Address MO  11 Telephone Number net Email Address	64844 State		s at the end of the year.
Granby City (417) 472-62 <sup>d</sup> <u>cheri@jscomm</u>	Street Address PO Box 200 Mailing Address MO  11 Telephone Number net Email Address	64844 State		s at the end of the year.
Granby City (417) 472-62	Street Address PO Box 200 Mailing Address MO  11 Telephone Number Email Address	64844 State		

Annual Report of	GTC Broadband, Inc.
	for the calendar year of January 1 - December 31, 2020

5. Please provide the following revenue information:

Row	RETAIL END USER REVENUES	**	MO Intrastate (Column A)	**	**	Total Company (Column B)	**
1.	Local Service (Basic local telecommunications service, IVoIP service and features associated with these services)						
2.	Interexchange Service (Message toll services, 800 services, interexchange operator services).	**		**	**		**
3.	Non-Switched Services (Dedicated non-switched private line services typically used by business customers. Do not include special access or private line services provided to other telecommunications or IVoIP service providers which are reported in Row 7).						
4.	Bundled Voice Service (If telecommunications or IVoIP service is bundled with non-regulated services then a company may apply either of two methods in reporting bundled revenue in Column A. Method 1: Report bundled revenue in Column A based on the unbundled rate for telecommunications or IVoIP service; or Method 2: Report all bundled revenue in Column A.)						
5.	Retail Uncollectibles. (Amount is typically a negative number.)						
6.	RETAIL END-USER TOTAL (Row 1+2+3+4+5) Revenue in Column A will be provided to Missouri USF Administrator for assessment purposes.)	**		**	**		**
	WHOLESALE CARRIER'S CARRIER AND UNIVERSAL SERVICE FUN	D RE	VENUES				
7.	Revenue from services provided for resale as telecommunications or IVoIP services from another telecommunications or IVoIP service provider. This row typically includes revenue associated with switched access service, special access service, billing and collection service. NECA settlements, if any, should be reported solely in Column B.						
8.	Miscellaneous Carrier's Carrier Revenue (Remaining Carrier's Carrier Revenue provided in FCC Form 499-A, Block 3 that is not reported in Row 7).						
9.	Wholesale Uncollectibles. (Amount is typically a negative number.)						
10.	Federal USF Revenue (List federal USF revenue in Column B; however, any Connect America Fund Intercarrier Compensation funding used to replace revenue caused by mandatory intrastate switched access rate reductions should be reported in Column A.)						
11	State USF Revenue						
12	TOTAL REVENUES (Row 6+7+8+9+10+11) The Total Revenue in Column A should match the Total Gross Intrastate Operating Revenue reported on the Missouri PSC's Statement of Revenue form.	••		**	**		**

#### Revenue reporting clarifications:

Total Company Revenue (Column B) = Missouri Intrastate revenue in Column A + Interstate revenues + International revenues.

**IVoIP revenue:** If unable to distinguish Missouri Jurisdictional revenue in Column A then a safe harbor percentage can be applied to total revenue that corresponds to the FCC's safe harbor percentage.

Retail non-switched private line service revenue: All of a customer's non-switched private line service revenue can be reported in Column B if 10% of more of the customer's private line network traffic is considered interstate traffic.

For use when filing under seal.

## 6. Line Quantities for Basic Local Telecommunications &/or IVoIP Services

	Line Quantities					
Exchange	**	Residential	**	**	Business	**
N/A						
	32/57					
						7,000
						5703
						269
			1062			
			583			
						7 7337
			18.5	le line		
Totals:			N's			

#### About reporting line quantities:

- 1. Report line quantities for basic local telecommunications service and/or IVoIP service as those terms are defined in 386.020(4) and (23).
- 2. Lines include analog and digital. For DS-1 or higher band-width facilities a voice grade equivalency must be used. For channelized service report the number of channels subscribed to by the customer. For non-channelized facilities, filers are instructed to use a good-faith esitmate of the number of voice grade equivalent lines used for voice service.
- 3. Exchange refers to areas as listed in ILEC tariffs. (Exchanges are not always the same as rate centers, wire centers and central offices.)
- 4. Per 392.550(7)(c) IVoIP line quantities must be filed on a confidential basis. See instructions for how to file annual report information on a confidential basis.

For use when	filing	under	seal.

Annual Report of	GTC Broadl for the calendar year of	oand, Inc. January 1 - December 31, <u>2020</u>
	Relay Missouri Asses	sment <sup>1</sup>
		Annual Totals
7. Revenue Collecter	d From Relay Missouri Surcharge	\$0.00
Amount Retained	for Billing and Collecting the Surcharge	\$0.00
Relay Missouri Re	venue Remitted to Relay Missouri Fund	\$0.00
8. Please indicate the	ne per line value of the Relay Missouri Surcharge	applied to your customers in December.
9. If your firm did n Long Distance Re	ot impose the Relay Missouri Surcharge, please seller (Not Applicable)	explain:

For use when filing under seal.

<sup>1</sup> ILECs, CLECs and IVoIP providers are required to complete this page; however, companies classified solely as IXCs are not expected to complete this page.

for the calendar year of January 1 - December 31, 2020

#### **VERIFICATION**

The foregoing report must be verified by the Oath of the President, Treasurer, General Manager or Receiver of the company. The Oath required may be taken before any person authorized to administer an oath (Notary Public) by the laws of the State in which the same is taken.

		OATH	
State Of	Missouri	}	
County Of	Newton	} ss:	
ocality of	- Townson	<del></del>	
	Cheri M Johnson	makes o	oath and says that
	Secretary	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
s/he is		Title of the Affiant (Company Official/Represer	ntative)
of	GTC Broadband, Inc		
Oi .		e or Name of the Respondent (Certificated Co	ompany Name)
and is located at		Granby, MO 64844 417-472-6211	al/Representative)
all statements of business and aff	fact contained in the said airs of the above-named r act information in EFIS; to re correct.	eport; to the best of his or her knowledge, into d report are true and the said report is a corr respondent, and 2) examined (and updated a b the best of his or her knowledge, information	ect statement of the s applicable) the
HOM	January 1	2020 to and including December	er 31 . 2020
	January 1, Month/Day	Year, , to and including December Month/	<del></del>
		, to unit more any	<del></del>
		Year Month/  Signature of Affiant (Company Official)	Day Year //Representative)
	Month/Day	Year Month/ Signature of Affiant (Company Official (If electronic signatures are used, you must use ")	Day Year  //Representative) //sr before the name.)
	Month/Day	Signature of Affiant (Company Official (If electronic signatures are used, you must use "you public, in and for the State and County above	Day Year  /Representative) /sr before the name.)
Subscribed and so this	Month/Day worn to before me, a Notary	Year Month/ Signature of Affiant (Company Official (If electronic signatures are used, you must use "you public, in and for the State and County above	Day Year  /Representative) /sr before the name.)
this / / My Commission e	Month/Day  worn to before me, a Notary expires	Signature of Affiant (Company Official (If electronic signatures are used, you must use "you public, in and for the State and County above	Day Year  /Representative) /sr before the name.)
My Commission e  ROBYN Notary Publi State of	Month/Day  worn to before me, a Notary  expires  MCCULLY ic, Notary Seal f Missouri	Year Month/  Signature of Affiant (Company Official (If electronic signatures are used, you must use ")  Year Month/  Signature of Affiant (Company Official (If electronic signatures are used, you must use ")  Year Month/  Signatures are used, you must use ")  Year Month/  Signature of Affiant (Company Official (If electronic signatures are used, you must use ")  Year Month/  Signature of Affiant (Company Official (If electronic signatures are used, you must use ")  Year Month/  Signature of Affiant (Company Official (If electronic signatures are used, you must use ")  Year Month/  Signature of Affiant (Company Official (If electronic signatures are used, you must use ")  Year Month/  Signature of Affiant (Company Official (If electronic signatures are used, you must use ")  Year Month/  Signature of Affiant (Company Official (If electronic signatures are used, you must use ")  Year Month/  Signature of Affiant (Company Official (If electronic signatures are used, you must use ")  Year Month/  Signature of Notary Public (If electronic signatures are used, you must use ")  Sold of the Signature of Notary Public (If electronic signatures are used, you must use ")  Signature of Notary Public (If electronic signatures are used, you must use ")	Napresentative) (Representative) (str before the name.)  named, 21  2023
My Commission e  ROBYN Notary Publi State of Newto Commission	Month/Day  worn to before me, a Notary expires  MCCULLY ic, Notary Seal f Missouri in County on # 15385936	Year Month/  Signature of Affiant (Company Official (If electronic signatures are used, you must use of the State and County above day of March 20  Soptember 16th	Napresentative) (Representative) (str before the name.)  named, 21  2023
My Commission e  ROBYN Notary Publi State of Newto Commission	Month/Day  worn to before me, a Notary  expires  MCCULLY ic, Notary Seal f Missouri in County	Year Month/  Signature of Affiant (Company Official (If electronic signatures are used, you must use ")  Year Month/  Signature of Affiant (Company Official (If electronic signatures are used, you must use ")  Year Month/  Signatures are used, you must use ")  Year Month/  Signature of Affiant (Company Official (If electronic signatures are used, you must use ")  Year Month/  Signature of Affiant (Company Official (If electronic signatures are used, you must use ")  Year Month/  Signature of Affiant (Company Official (If electronic signatures are used, you must use ")  Year Month/  Signature of Affiant (Company Official (If electronic signatures are used, you must use ")  Year Month/  Signature of Affiant (Company Official (If electronic signatures are used, you must use ")  Year Month/  Signature of Affiant (Company Official (If electronic signatures are used, you must use ")  Year Month/  Signature of Affiant (Company Official (If electronic signatures are used, you must use ")  Year Month/  Signature of Notary Public (If electronic signatures are used, you must use ")  Sold of the Signature of Notary Public (If electronic signatures are used, you must use ")  Signature of Notary Public (If electronic signatures are used, you must use ")	Pay Year  (Representative) (se before the name.)  named, 21  2023  before the name.)