

8300 Greensboro Dr.
Suite 1200
Tysons, VA 22102

(703) 584-8678
WWW.FCCLAW.COM



April 2, 2019

Via ECFS

Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: Annual Employment Report 2019
FCC Form 395
WC Docket No. 16-233

Dear Sir or Madam:

Submitted herewith is the Common Carrier Annual Employment Report (FCC Form 395) of reporting unit Bluegrass Cellular, Inc.

This report also covers the reporting unit's affiliated Commercial Mobile Radio Services licensees, Kentucky RSA #3 Cellular General Partnership, Kentucky RSA #4 Cellular General Partnership, Cumberland Cellular Partnership and Bluegrass Wireless LLC. None of the affiliated licensees have employees, and none have received equal employment complaints during the calendar year covered by this report.

Should any questions arise with respect to this matter, please communicate directly with the undersigned.

Very truly yours,

A handwritten signature in black ink that reads "Pamela L. Gist". The signature is written in a cursive, flowing style.

Pamela L. Gist

Attachment

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information

1. Name and Mailing Address of Respondent

Bluegrass Cellular, Inc. and on behalf of its affiliated CMRS licensees Kentucky RSA #3
Cellular General Partnership, Kentucky RSA #4 Cellular General Partnership, Cumberland
Cellular Partnership and Bluegrass Wireless LLC
PO Box 5012, Elizabethtown, Kentucky 42702-5012☐ Check here if this
is a change of
address.

2. Year Report Filed

2019

3. Reporting Period (Ending Date of Pay
Period Covered by Report)

03/22/2019

4. Number of Full-Time Employees during Selected
Reporting Period (check one):

- a.
- ☐
- Fewer than 16 (complete Sections I, IV, and V only)
-
- b.
- ☒
- 16 or more (complete all sections)

SECTION II - Full-Time Employees.

Job Categories		Number of Employees (Report employees in only one category)														Total Columns A - N
		Race/Ethnicity														
		Hispanic or Latino		Not-Hispanic or Latino												
				Male						Female						
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	
Executive/Senior Level Officials and Managers	1.1			11	1					2						14
First/Mid-Level Officials and Managers	1.2	3		51	2					41		1				98
Professionals	2	1		8	1					3						13
Technicians	3			41	5	1			1	7	1				1	57
Sales Workers	4	2		11	2					23	3					41
Administrative Support Workers	5	2		50	6					81	9		1		1	150
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	8			2						1						3
Service Workers	9															0
TOTAL	10	8	0	174	17	1	0	0	1	158	13	1	1	0	2	376
PREVIOUS YEAR TOTAL	11	9	4	194	16	1	0	0	2	167	11	0	1	0	0	405

SECTION III - Part-Time Employees.

Job Categories		Number of Employees (Report employees in only one category)														Total Columns A - N
		Race/Ethnicity														
		Hispanic or Latino		Not-Hispanic or Latino												
				Male						Female						
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O		
Executive/Senior Level Officials and Managers	1.1														0	
First/Mid-Level Officials and Managers	1.2														0	
Professionals	2														0	
Technicians	3														0	
Sales Workers	4														0	
Administrative Support Workers	5														0	
Craft Workers	6														0	
Operatives	7														0	
Laborers and Helpers	8														0	
Service Workers	9														0	
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL	11			6					5	1					12	

SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.



This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.



This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.)

SECTION V - Certification

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.

Date 04/01/2019	Typed or Printed Name of Person Signing Sherry Powers	Signature 	Telephone No. (270) 769-0339
Title of Person Signing Vice President-HR		WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503)	