



GVNW CONSULTING, INC.

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May 15, 2018

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554  
*FILED VIA ECFS*

Re: WC Docket No. 16-233 – Ganado Telephone Company, Inc. dba YK Communications  
FCC Form 395

Dear Ms. Dortch:

On behalf of Ganado Telephone Company, Inc. dba YK Communications (“YK Communications”), GVNW Consulting, Inc. hereby submits the attached “FCC Form 395 – Common Carrier Annual Employment Report” pursuant to § 1.185 of the Commission’s rules.

Please feel free to contact me at 830.895.7242 or [sgriffin@gvnw.com](mailto:sgriffin@gvnw.com) with any questions or concerns.

Sincerely,

A handwritten signature in dark ink, appearing to read "Stephanie Griffin", with a long horizontal flourish extending to the right.

Stephanie Griffin  
Authorized Representative for  
Ganado Telephone Company, Inc. dba YK Communications

## 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

\_\_\_ Check here if this  
is a change of  
address.

2. Year Report Filed

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

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)															
	Race/Ethnicity															
	Hispanic or Latino		Not-Hispanic or Latino												Total Columns A - N	
			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																
First/Mid-Level Officials and Managers 1.2																
Professionals 2																
Technicians 3																
Sales Workers 4																
Administrative Support Workers 5																
Craft Workers 6																
Operatives 7																
Laborers and Helpers 8																
Service Workers 9																
<b>TOTAL</b> 10																
<b>PREVIOUS YEAR TOTAL</b> 11																

**SECTION III - Part-Time Employees.**

Job Categories	Number of Employees (Report employees in only one category)														
	Race/Ethnicity														
	Hispanic or Latino		Not-Hispanic or Latino												Total Columns A - N
			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														
First/Mid-Level Officials and Managers	1.2														
Professionals	2														
Technicians	3														
Sales Workers	4														
Administrative Support Workers	5														
Craft Workers	6														
Operatives	7														
Laborers and Helpers	8														
Service Workers	9														
TOTAL	10														
PREVIOUS YEAR TOTAL	11														

**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	Typed or Printed Name of Person Signing	Signature	Telephone No.
		<i>Bill Rowitz</i>	
Title of Person Signing		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).	