

FCC 395

**FEDERAL COMMUNICATIONS COMMISSION**  
 Washington, DC 20554

 Approved by OMB  
 3060-0076  
 Est. time per response:  
 1 hour

**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 : Island Telephone Company 525 Junction Rd Madison, WI 53717

☐ Check here if this is a change of address

**FRN: 000481162**

2. Year Report Filed 2019	3. Reporting Period (Ending Date of Pay Period Covered by Report) April 2019	4. Number of Full-Time Employees during Selected Reporting Period (check one) a. <input checked="" type="checkbox"/> x Fewer than 16 (complete Sections 1, IV, and V only) b. <input type="checkbox"/> 16 or more (complete all sections)
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**SECTION II - Full Time Employees.**

Number of Employees (Report employees in only one category)																	
Race/Ethnicity																	
Job  Categories	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			
	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	0	0	
PREVIOUS YEAR TOTAL 11																0	

## SECTION III - Part Time Employees.

**Number of Employees**  
(Report employees in only one category)

Race/Ethnicity

Not-Hispanic or Latino

Hispanic or  
Latino

Male

Female

**Job  
Categories**

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

Total  
Columns  
A-N

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B

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## 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.

5/16/19

Andrew Petersen



(608) 664-4155

Title of Person Signing

Sr. Vice President-Corporate Affairs

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)