



Valley Telephone Cooperative Copper Valley Telephone Valley Connections, LLC

Valley Telecommunications - Internet - Business Systems

July 27, 2017

FILED VIA ECFS

Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street SW, Room TW-B204
Washington, DC 20554

Re: WC Docket No. 16-233
 FCC Form 395
 Common Carrier Annual Employment Report
 Valley Telephone Cooperative, Inc.

Dear Ms. Dortch:

On behalf of Valley Telephone Cooperative, Inc. (the "Company"), attached for filing is the Company's FCC Form 395 -- Common Carrier Annual Employment Report. The Company regrets having missed the May 31, 2017 deadline for this submission, the first time that such inadvertent oversight has been made. The Company requests that this submission be accepted as if timely filed.

Should you have any questions concerning this matter, please contact this office.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read 'V. Barnard', is written over a horizontal line.

Virgil Barnard
Contracts & Compliance Administrator

Attachment

FCC 395

FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554

Approved by OMB
3080-0076
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

Valley Telephone Cooperative, Inc.
PO Box 970
Wilcox, AZ 85644

☐ Check here if this
is a change of
address.

2. Year Report Filed

2017

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

March 31, 2017

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 | O | | |
| Executive/Senior Level Officials and Managers | 1.1 | | | 2 | | | | | | 1 | | | | | 3 | |
| First/Mid-Level Officials and Managers | 1.2 | | 1 | 9 | | | | | | 4 | | | | 1 | 15 | |
| Professionals | 2 | | | | | | | | | | | | | | 0 | |
| Technicians | 3 | 1 | | 8 | | 1 | | | | 4 | | | | | 14 | |
| Sales Workers | 4 | | | 1 | | | | | | | | | | | 1 | |
| Administrative Support Workers | 5 | | 12 | | | | | | | 12 | | | | | 24 | |
| Craft Workers | 6 | 2 | | 12 | | | | | | | | | | | 14 | |
| Operatives | 7 | | | | | | | | | | | | | | 0 | |
| Laborers and Helpers | 8 | | | | | | | | | | | | | | 0 | |
| Service Workers | 9 | | | 1 | | | | | | | | | | | 1 | |
| TOTAL | 10 | 3 | 13 | 33 | 0 | 1 | 0 | 0 | 0 | 21 | 0 | 0 | 0 | 1 | 72 | |
| PREVIOUS YEAR TOTAL | 11 | 3 | 13 | 34 | | 1 | | | | 23 | | | | 1 | 75 | |

FCC 395
Revised December 2007

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 | | | | | | | | | | | | | | 0 | |
| First/Mid-Level Officials and Managers | 1.2 | | | | | | | | | | | | | | 0 | |
| Professionals | 2 | | | | | | | | | | | | | | 0 | |
| Technicians | 3 | | | | | | | | | | | | | | 0 | |
| Sales Workers | 4 | | | | | | | | | | | | | | 0 | |
| Administrative Support Workers | 5 | | | | | | | | 2 | | | | | | 2 | |
| 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 | 2 | 0 | 0 | 0 | 0 | 0 | 2 | |
| PREVIOUS YEAR TOTAL | 11 | | | | | | | | 2 | | | | | | 2 | |

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 07/19/2017 | Typed or Printed Name of Person Signing Wendy Hooper | Signature  | Telephone No. (520) 384-8931 |
| Title of Person Signing Human Resources Administrator | | 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). | |