9/30/2019 CDBS Print

Multi-Channel Video Program Distributor EEO Program Annual Report Read INSTRUCTIONS Before Filling Out Form SECTION I IDENTIFYING INFORMATION A. Name of Operator: GOOGLE FIBER ALABAMA, LLC MSO Name: GOOGLE FIBER INC. B. Employment Unit's Mailing Address 1600 AMPHITHEATRE PARKWAY City State CA GOOGLE FIBER INC. B. Employment Unit's Mailing Address 1600 AMPHITHEATRE PARKWAY City State CA 94043- FCC Registration Number: 0026495325 Emp. Unit ID # 12880 Application Purpose New Program Report Amendment to Program Report Supplemental Investigation Sheet (SIS) Attached C. County and State in which unit's employment office is located MADISON COUNTY, AL D. Category of Respondent (check applicable box) Fewer than six (6) full-time employees during the selected payroll period: Complete Sections I, II and V Six (6) or more full-time employees during the selected payroll period: Complete ALL sections of the Form 396-C and the Supplemental Investigation Sheet, if attached E. Pay Period Covered by this Report (inclusive dates) 10/1/2018-9/30/2019	Federal Communications Commis Washington, D.C. 20554	ssion	OMB 3060-1033 September 2003	FOR FCC USE ONL	Y	
Annual Report Read INSTRUCTIONS Before Filling Out Form SECTION I IDENTIFYING INFORMATION A. Name of Operator: GOOGLE FIBER ALABAMA, LLC MSO Name: GOOGLE FIBER INC. B. Employment Unit's Mailing Address 1600 AMPHITHEATRE PARKWAY City MOUNTAIN VIEW CA State Zip Code CA 94043- FCC Registration Number: 0026495325 Emp. Unit ID # 12880 Application Purpose Amendment to Program Report Amendment to Program Report C. Amendment to Program Report Supplemental Investigation Sheet (SIS) Attached C. County and State in which unit's employment office is located MADISON COUNTY, AI. D. Category of Respondent (check applicable box) Fewer than six (6) full-time employees during the selected payroll period: Complete Sections I, II and V Six (6) or more full-time employees during the selected payroll period: Complete ALL sections of the Form 396-C and the Supplemental Investigation Sheet, if attached E. Pay Period Covered by this Report (inclusive dates) 10/1/2018-9/30/2019 F. Attachments: (See "Exhibit" buttons, below.) SECTION II COMMUNITY INFORMATION Avise of Communities Comprising Local Employment Unit Ident No. Name of Community Location (State) Type Review the list of communities served on the previous year's submission and attach as Exhibit A any IExhibit 1] Additions or deletions, using the format noted above. NOTE: APPLICABLE ONLY TO CABLE.		FCC 396-C	•			
Read INSTRUCTIONS Before Filling Out Form SECTION I IDENTIFYING INFORMATION A. Name of Operator: GOOGLE FIBER ALABAMA, LLC MSO Name: GOOGLE FIBER INC. B. Employment Unit's Mailing Address 1600 AMPHITHEATRE PARKWAY City MOINTAIN VIEW CC gaistration Number: 0026495325 Emp. Unit ID # 12880 Application Purpose New Program Report Supplemental Investigation Sheet (SIS) Attached C. County and State in which unit's employment office is located MADISON COUNTY, AL D. Category of Respondent (check applicable box) Fewer than six (6) full-time employees during the selected payroll period: Complete Sections I, II and V Six (6) or more full-time employees during the selected payroll period: Complete ALL sections of the Form 396-C and the Supplemental Investigation Sheet, if attached E. Pay Period Covered by this Report (inclusive dates) 10/1/2018-9/30/2019 F. Attachments: (See "Exhibit" buttons, below.) SECTION II COMMUNITY INFORMATION System Communities Comprising Local Employment Unit Ident No.	Multi-Channel Vi	deo Program Distributor EEO	Program	II .	USE ONLY	
SECTION I IDENTIFYING INFORMATION A. Name of Operator: GOOGLE FIBER ALABAMA, LLC MSO Name: GOOGLE FIBER INC. B. Employment Unit's Mailing Address 1600 AMPHITHEATRE PARKWAY City MOUNTAIN VIEW FCC Registration Number: 0026495325 Emp. Unit ID # 12880 Application Purpose © New Program Report Amendment to Program Report Supplemental Investigation Sheet (SIS) Attached C. County and State in which unit's employment office is located MADISON COUNTY, AL D. Category of Respondent (check applicable box) Fewer than six (6) full-time employees during the selected payroll period: Complete Sections I, II and V Six (6) or more full-time employees during the selected payroll period: Complete ALL sections of the Form 396-C and the supplemental Investigation Sheet, if attached E. Pay Period Covered by this Report (inclusive dates) 10/1/2018-9/30/2019 F. Attachments: (See "Exhibit" buttons, below.) SECTION II COMMUNITY INFORMATION System Communities Comprising Local Employment Unit Ident No. Name of Community Location (State) Type Review the list of communities served on the previous year's submission and attach as Exhibit A any [Exhibit 1] additions or deletions, using the format noted above. NOTE: APPLICABLE ONLY TO CABLE		Annual Report		II .	DU	
A. Name of Operator: GOOGLE FIBER ALABAMA, LLC MSO Name: GOOGLE FIBER INC. B. Employment Unit's Mailing Address 1600 AMPHITHEATRE PARKWAY City MOUNTAIN VIEW CA 94043- FCC Registration Number: 0026495325 Emp. Unit ID # 12880 Application Purpose New Program Report Amendment to Program Report Supplemental Investigation Sheet (SIS) Attached C. County and State in which unit's employment office is located MADISON COUNTY, AL D. Category of Respondent (check applicable box) Fewer than six (6) full-time employees during the selected payroll period: Complete Sections I, II and V Six (6) or more full-time employees during the selected payroll period: Complete ALL sections of the Form 396-C and the Supplemental Investigation Sheet, if attached E. Pay Period Covered by this Report (inclusive dates) 10/1/2018-9/30/2019 F. Attachments: (See "Exhibit" buttons, below.) SECTION II COMMUNITY INFORMATION System Communities Comprising Local Employment Unit Ident No.	Read INS	TRUCTIONS Before Filling Out Form				
GOOGLE FIBER ALABAMA, LLC MSO Name: GOOGLE FIBER INC. B. Employment Unit's Mailing Address 1600 AMPHITHEATRE PARKWAY City City State CA 94043- FCC Registration Number: 0026495325 Emp. Unit ID # 12880 Application Purpose New Program Report Supplemental Investigation Sheet (SIS) Attached C. County and State in which unit's employment office is located MADISON COUNTY, AL D. Category of Respondent (check applicable box) Fewer than six (6) full-time employees during the selected payroll period: Complete Sections I, II and V Six (6) or more full-time employees during the selected payroll period: Complete ALL sections of the Form 396-C and the Supplemental Investigation Sheet, if attached E. Pay Period Covered by this Report (inclusive dates) 10/1/2018-9/30/2019 F. Attachments: (See "Exhibit" buttons, below.) SECTION II COMMUNITY INFORMATION System Communities Comprising Local Employment Unit Ident No. Name of Community Itype Review the list of communities served on the previous year's submission and attach as Exhibit A any additions or deletions, using the format noted above. NOTE: APPLICABLE ONLY TO CABLE	SECTION I IDENTIFYI	NG INFORMATION				
GOOGLE FIBER INC. B. Employment Unit's Mailing Address 1600 AMPHITHEATRE PARKWAY City MOUNTAIN VIEW CA State CA 94043- FCC Registration Number: 0026495325 Emp. Unit ID # 12880 Application Purpose New Program Report Amendment to Program Report Supplemental Investigation Sheet (SIS) Attached C. County and State in which unit's employment office is located MADISON COUNTY, AL D. Category of Respondent (check applicable box) Fewer than six (6) full-time employees during the selected payroll period: Complete Sections I, II and V Six (6) or more full-time employees during the selected payroll period: Complete ALL sections of the Form 396-C and the Supplemental Investigation Sheet, if attached E. Pay Period Covered by this Report (inclusive dates) 10/1/2018-9/30/2019 F. Attachments: (See "Exhibit" buttons, below.) SECTION II COMMUNITY INFORMATION System Communities Comprising Local Employment Unit Ident No. Name of Community Location (State) Type Review the list of communities served on the previous year's submission and attach as Exhibit A any [Exhibit 1] additions or deletions, using the format noted above. NOTE: APPLICABLE ONLY TO CABLE		AMA, LLC				
City State Zip Code MOUNTAIN VIEW CA 94043- FCC Registration Number: 0026495325 Emp. Unit ID # 12880 Application Purpose New Program Report Supplemental Investigation Sheet (SIS) Attached C. County and State in which unit's employment office is located MADISON COUNTY, AL D. Category of Respondent (check applicable box) Fewer than six (6) full-time employees during the selected payroll period: Complete Sections I, II and V Six (6) or more full-time employees during the selected payroll period: Complete ALL sections of the Form 396-C and the Supplemental Investigation Sheet, if attached E. Pay Period Covered by this Report (inclusive dates) 10/1/2018-9/30/2019 F. Attachments: (See "Exhibit" buttons, below.) SECTION II COMMUNITY INFORMATION System Communities Comprising Local Employment Unit Ident No. Name of Communities Comprising Local Employment Unit Ident No. Name of Communities Served on the previous year's submission and attach as Exhibit A any [Exhibit I] additions or deletions, using the format noted above. NOTE: APPLICABLE ONLY TO CABLE	1					
MÓUNTAIN VIEW CA						
Emp. Unit ID # 12880 Application Purpose						
Application Purpose New Program Report Amendment to Program Report Supplemental Investigation Sheet (SIS) Attached C. County and State in which unit's employment office is located MADISON COUNTY, AL D. Category of Respondent (check applicable box) Fewer than six (6) full-time employees during the selected payroll period: Complete Sections I, II and V Six (6) or more full-time employees during the selected payroll period: Complete ALL sections of the Form 396-C and the Supplemental Investigation Sheet, if attached E. Pay Period Covered by this Report (inclusive dates) 10/1/2018-9/30/2019 F. Attachments: (See "Exhibit" buttons, below.) SECTION II COMMUNITY INFORMATION System Communities Comprising Local Employment Unit Ident No. Name of Community Location (State) Type Review the list of communities served on the previous year's submission and attach as Exhibit A any additions or deletions, using the format noted above. NOTE: APPLICABLE ONLY TO CABLE		:				
 New Program Report C Amendment to Program Report Supplemental Investigation Sheet (SIS) Attached C. County and State in which unit's employment office is located MADISON COUNTY, AL D. Category of Respondent (check applicable box) Fewer than six (6) full-time employees during the selected payroll period: Complete Sections I, II and V Six (6) or more full-time employees during the selected payroll period: Complete ALL sections of the Form 396-C and the Supplemental Investigation Sheet, if attached E. Pay Period Covered by this Report (inclusive dates) 10/1/2018-9/30/2019 F. Attachments: (See "Exhibit" buttons, below.) SECTION II COMMUNITY INFORMATION System Communities Comprising Local Employment Unit Ident No. Name of Community Location (State) Type Review the list of communities served on the previous year's submission and attach as Exhibit A any additions or deletions, using the format noted above. NOTE: APPLICABLE ONLY TO CABLE 	Emp. Unit ID # 12880					
C Amendment to Program Report Supplemental Investigation Sheet (SIS) Attached C. County and State in which unit's employment office is located MADISON COUNTY, AL D. Category of Respondent (check applicable box) Fewer than six (6) full-time employees during the selected payroll period: Complete Sections I, II and V Six (6) or more full-time employees during the selected payroll period: Complete ALL sections of the Form 396-C and the Supplemental Investigation Sheet, if attached E. Pay Period Covered by this Report (inclusive dates) 10/1/2018-9/30/2019 F. Attachments: (See "Exhibit" buttons, below.) SECTION II COMMUNITY INFORMATION System Communities Comprising Local Employment Unit Ident No. Name of Community Location (State) Type Review the list of communities served on the previous year's submission and attach as Exhibit A any [Exhibit 1] additions or deletions, using the format noted above. NOTE: APPLICABLE ONLY TO CABLE						
Supplemental Investigation Sheet (SIS) Attached C. County and State in which unit's employment office is located MADISON COUNTY, AL D. Category of Respondent (check applicable box) Fewer than six (6) full-time employees during the selected payroll period: Complete Sections I, II and V Six (6) or more full-time employees during the selected payroll period: Complete ALL sections of the Form 396-C and the Supplemental Investigation Sheet, if attached E. Pay Period Covered by this Report (inclusive dates) 10/1/2018-9/30/2019 F. Attachments: (See "Exhibit" buttons, below.) SECTION II COMMUNITY INFORMATION System Communities Comprising Local Employment Unit Ident No. Name of Community Location (State) Type Review the list of communities served on the previous year's submission and attach as Exhibit A any additions or deletions, using the format noted above. NOTE: APPLICABLE ONLY TO CABLE	New Program Report					
C. County and State in which unit's employment office is located MADISON COUNTY, AL D. Category of Respondent (check applicable box) Fewer than six (6) full-time employees during the selected payroll period: Complete Sections I, II and V Six (6) or more full-time employees during the selected payroll period: Complete ALL sections of the Form 396-C and the Supplemental Investigation Sheet, if attached E. Pay Period Covered by this Report (inclusive dates) 10/1/2018-9/30/2019 F. Attachments: (See "Exhibit" buttons, below.) SECTION II COMMUNITY INFORMATION System Communities Comprising Local Employment Unit Ident No. Name of Community Location (State) Type Review the list of communities served on the previous year's submission and attach as Exhibit A any additions or deletions, using the format noted above. NOTE: APPLICABLE ONLY TO CABLE	C Amendment to Progra	am Report				
MADISON COUNTY, AL D. Category of Respondent (check applicable box) Fewer than six (6) full-time employees during the selected payroll period: Complete Sections I, II and V Six (6) or more full-time employees during the selected payroll period: Complete ALL sections of the Form 396-C and the Supplemental Investigation Sheet, if attached E. Pay Period Covered by this Report (inclusive dates) 10/1/2018-9/30/2019 F. Attachments: (See "Exhibit" buttons, below.) SECTION II COMMUNITY INFORMATION System Communities Comprising Local Employment Unit Ident No. Name of Community Location (State) Type Review the list of communities served on the previous year's submission and attach as Exhibit A any additions or deletions, using the format noted above. NOTE: APPLICABLE ONLY TO CABLE	Supplemental Investiga	ation Sheet (SIS) Attached				
Fewer than six (6) full-time employees during the selected payroll period: Complete Sections I, II and V Six (6) or more full-time employees during the selected payroll period: Complete ALL sections of the Form 396-C and the Supplemental Investigation Sheet, if attached E. Pay Period Covered by this Report (inclusive dates) 10/1/2018-9/30/2019 F. Attachments: (See "Exhibit" buttons, below.) SECTION II COMMUNITY INFORMATION System Communities Comprising Local Employment Unit Ident No. Name of Community Location (State) Type Review the list of communities served on the previous year's submission and attach as Exhibit A any additions or deletions, using the format noted above. NOTE: APPLICABLE ONLY TO CABLE						
Six (6) or more full-time employees during the selected payroll period: Complete ALL sections of the Form 396-C and the Supplemental Investigation Sheet, if attached E. Pay Period Covered by this Report (inclusive dates) 10/1/2018-9/30/2019 F. Attachments: (See "Exhibit" buttons, below.) SECTION II COMMUNITY INFORMATION System Communities Comprising Local Employment Unit Ident No. Name of Community Location (State) Review the list of communities served on the previous year's submission and attach as Exhibit A any additions or deletions, using the format noted above. NOTE: APPLICABLE ONLY TO CABLE	D. Category of Respondent (check applicable box)					
E. Pay Period Covered by this Report (inclusive dates) 10/1/2018-9/30/2019 F. Attachments: (See "Exhibit" buttons, below.) SECTION II COMMUNITY INFORMATION System Communities Comprising Local Employment Unit Ident No. Name of Community Location (State) Review the list of communities served on the previous year's submission and attach as Exhibit A any additions or deletions, using the format noted above. NOTE: APPLICABLE ONLY TO CABLE	Fewer than six (6) full-time employees during the selected payroll period: Complete Sections I. II and V					
F. Attachments: (See "Exhibit" buttons, below.) SECTION II COMMUNITY INFORMATION System Communities Comprising Local Employment Unit Ident No. Name of Community Location (State) Type Review the list of communities served on the previous year's submission and attach as Exhibit A any additions or deletions, using the format noted above. NOTE: APPLICABLE ONLY TO CABLE	Six (6) or more full-time employees during the selected payroll period: Complete ALL sections of the Form 396-C and the					
F. Attachments: (See "Exhibit" buttons, below.) SECTION II COMMUNITY INFORMATION System Communities Comprising Local Employment Unit Ident No. Name of Community Location (State) Type Review the list of communities served on the previous year's submission and attach as Exhibit A any additions or deletions, using the format noted above. NOTE: APPLICABLE ONLY TO CABLE	F Pay Period Covered by	this Report (inclusive dates) 10/1/2018 9	9/30/2019			
System Communities Comprising Local Employment Unit Ident No. Name of Community Location (State) Type Review the list of communities served on the previous year's submission and attach as Exhibit A any additions or deletions, using the format noted above. NOTE: APPLICABLE ONLY TO CABLE			7/30/2017			
Ident No. Name of Community Location (State) Type Review the list of communities served on the previous year's submission and attach as Exhibit A any additions or deletions, using the format noted above. NOTE: APPLICABLE ONLY TO CABLE	SECTION II COMMUN	ITY INFORMATION				
Review the list of communities served on the previous year's submission and attach as Exhibit A any additions or deletions, using the format noted above. NOTE: APPLICABLE ONLY TO CABLE		System Communities Comp	orising Local E	mployment Unit		
additions or deletions, using the format noted above. NOTE: APPLICABLE ONLY TO CABLE	<u> </u>	<u> </u>				
	additions or deletions, using the format noted above. NOTE: APPLICABLE ONLY TO CABLE					

SECTION III EEO POLICY AND PROGRAM REQUIREMENTS

Check YES or NO to each of the following questions. If answer to any question below is NO, attach as Exhibit B an explanation. [Exhibit 2]

1. Have you complied with the outreach provisions of the FCC's MPVD Equal Employment Opport 47 C.F.R. Section 76.75(b), during the twelve month period prior to filing this form?	unity Rule,

9/30/2019 CDBS Print

2.	Do you disseminate widely your EEO Program to job applicants, employees, and those with whom you regularly do business?	• Yes C No
3.	Do you contact organizations, media, educational institutions, and other potential sources of applicants for referrals whenever job vacancies are available in your organization?	• Yes O No
4.	Do you undertake to offer promotions to positions of greater responsibility in a nondiscriminatory manner?	• Yes O No
5.	To the extent possible, do you seek out entrepreneurs in a nondiscriminatory manner and encourage them to conduct business with all parts of your organization?	• Yes O No
6.	Do you analyze the results of your efforts to recruit, hire, promote, and use services in a nondiscriminatory manner and use these results to evaluate and improve your EEO program?	• Yes O No
7.	Do you define the responsibility of each level of management to ensure a positive application and vigorous enforcement of your policy of equal employment opportunity and maintain a procedure to review and control managerial and supervisory performance?	• Yes C No
8.	Do you conduct a continuing program to exclude every form of prejudice or discrimination based upon race, color, religion, national origin, age, or sex from your personnel policies and practices and working conditions?	• Yes C No
9.	Do you conduct a continuing review of job structure and employment practices and maintain positive recruitment training, job design, and other measures needed to ensure genuine equality of opportunity to participate fully in all organizational units, occupations, and levels of responsibility?	• Yes C No

SECTION IV ADDITIONAL INFORMATION

You may provide as Exhibit C any additional information that you believe might be useful in evaluating your efforts to comply with the Commission's EEO provisions. There is no requirement to provide additional data or information. [Exhibit 3]

SECTION V CERTIFICATION

This report must be certified as follows:

- A. By the individual owning the reporting system if individually owned;
- B. By a partner, if a partnership; or
- C. By an officer, if a corporation or association.

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

Signed	Title MANAGER - GOOGLE FIBER ALABAMA, LLC
	Name of Respondent
1	FLEUR KNOWSLEY
Pelephone No. (include area code)	
2530000	

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Exhibits

Exhibit 3

Description: EXPLANATION OF EXHIBITS

GOOGLE FIBER INC. (GOOGLE FIBER) OFFERS BROADBAND INTERNET AND MULTICHANNEL VIDEO SERVICE THROUGH STATE-LEVEL SUBSIDIARIES IN CALIFORNIA, KANSAS, MISSOURI, UTAH, TEXAS, GEORGIA, TENNESSEE, NORTH CAROLINA, AND ALABAMA, AND ALSO OPERATES A TESTBED IN CALIFORNIA.

EMPLOYMENT ACTIVITIES FOR GOOGLE FIBER'S EMPLOYMENT UNIT SERVING THE HUNTSVILLE, AL AREA ARE ENCOMPASSED IN THIS REPORT.

9/30/2019 CDBS Print

GOOGLE FIBER IS SEPARATELY AND CONCURRENTLY FILING FORM 396-C FOR ITS EMPLOYMENT UNIT AT ITS HEADQUARTERS LOCATION IN MOUNTAIN VIEW, CA, WHICH ENCOMPASSES EMPLOYMENT ACTIVITIES OF GOOGLE FIBER CALIFORNIA, LLC, FOR ITS EMPLOYMENT UNIT SERVING THE IRVINE, CA AREA, ITS SUBSIDIARY GOOGLE FIBER MISSOURI, LLC FOR EMPLOYMENT ACTIVITIES FOR GOOGLE FIBER EMPLOYMENT UNIT SERVING THE KANSAS CITY AREA IN KS AND MO, ITS SUBSIDIARY GOOGLE FIBER UTAH, LLC FOR ITS EMPLOYMENT UNIT SERVING THE PROVO AND SALT LAKE CITY, UT AREAS, ITS SUBSIDIARY GOOGLE FIBER GEORGIA, LLC FOR ITS EMPLOYMENT UNIT SERVING THE ATLANTA, GA AREA, AND ITS SUBSIDIARY GOOGLE FIBER TENNESSEE, LLC FOR ITS EMPLOYMENT UNIT SERVING THE NASHVILLE, TN AREA.

Attachment 3

Description

Exhibit 3 Google Fiber Recruitment Source Contact Information - Year Ended September 20, 2019

Exhibit 3 Google Fiber Outreach Activities - Year Ended September 30, 2019

Exhibit 3 Google Fiber Applicant Data