Federal Communications Commission Washington, D.C. 20554		OMB 3060-1033 September 2003	FOR FCC USE ONLY	
	FCC 396-C			
Multi-Channel Video Program Distributor EEO Program Annual Report			FOR COMMISSION USE ONLY FILE NO. B396 - 20180928ABG	
Read INSTRUC	CTIONS Before Filling C	Out Form		
SECTION I IDENTIFYING I	INFORMATION			
A. Name of Operator: NORTHLAND COMMUNICA	ATIONS CORPORATIO	N		
MSO Name: NORTHLAND COMMUNICA	ATIONS CORPORATIO	N		
B. Employment Unit's Mailing 101 STEWART ST SUITE 700				
City SEATTLE		State WA	Zip Code 98101-	
FCC Registration Number: 0001568971				
Emp. Unit ID # 5641				
Application Purpose				
New Program Report				
C Amendment to Program F	Report			
Supplemental Investigation	Sheet (SIS) Attached			
C. County and State in which uRUTHERFORD COUNTY, N		is located		
D. Category of Respondent (ch	neck applicable box)			
Fewer than six (6) full-time	e employees during the se	elected payroll period: C	Complete Sections I, II and V	
1 1	mployees during the selec		applete ALL sections of the Form	n 396-C and the
E. Pay Period Covered by this	Report (inclusive dates)	07/15-31/18		
F. Attachments: (See "Exhibit"	buttons, below.)			
SECTION II COMMUNITY	INFORMATION			
	System Communit	ties Comprising Local E	mployment Unit	
Ident No.	Name of Comr	munity	Location (State)	Туре
Review the list of communities additions or deletions, using th OPERATORS AND NOT TO	e format noted above. No	OTE: APPLICABLE ON		nibit 1]

## **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]

Have you complied with the outreach provisions of the FCC's MPVD Equal Employment Opportunity Rule, 47 C.F.R. Section 76.75(b), during the twelve month period prior to filing this form?
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2.	Do you disseminate widely your EEO Program to job applicants, employees, and those with whom you regularly do business?	• Yes O 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 • 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	
	EXECUTIVE VICE PRESIDENT	
Date	Name of Respondent	
9/28/2018	RICHARD I. CLARK	
Telephone No. (include area code)		
2066211351		

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**

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