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 - 20180928ABC	
Read INS	TRUCTIONS Before Filling C	Out Form		
SECTION I IDENTIFY	ING INFORMATION			
A. Name of Operator: NORTHLAND COMMU	UNICATIONS CORPORATION	N		
MSO Name: NORTHLAND COMMU	UNICATIONS CORPORATION	N		
B. Employment Unit's Ma 101 STEWART ST SUIT				
City SEATTLE		State WA	Zip Code 98101-	
FCC Registration Numbe 0001579747	er:			
Emp. Unit ID # 4439				
Application Purpose				
New Program Report	rt			
C Amendment to Progr	ram Report			
Supplemental Investig	gation Sheet (SIS) Attached			
C. County and State in wl SISKIYOU COUNTY, C.	hich unit's employment office A	is located		
D. Category of Responde	nt (check applicable box)			
Fewer than six (6) full	l-time employees during the se	elected payroll period: C	omplete Sections I, II and V	
	me employees during the selection Sheet, if attached	cted payroll period: Com	plete ALL sections of the Form 39	6-C and the
	this Report (inclusive dates)	07/15-31/18		
F. Attachments: (See "Ex				
SECTION II COMMUN	NITY INFORMATION			
	System Communit	ties Comprising Local E	mployment Unit	
Ident No.	Name of Com	munity	Location (State)	Type
additions or deletions, usi	inities served on the previous ying the format noted above. NO TO OTHER MVPD UNITS.	OTE: APPLICABLE ON		

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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