Federal Communications Con Washington, D.C. 20554	nmission	OMB 3060-1033 September 2003	FOR FCC U	SE ONLY		
FCC 396-C						
			TOD CO10			
Multi-Channe	el Video Program Distribut	or EEO	FOR COMN FILE NO.	IISSION USE ONLY		
Pı	ogram Annual Report		II	00644D		
			- 20180	906AAD		
Read INST	RUCTIONS Before Filling Out Fo	orm				
SECTION I IDENTIF	YING INFORMATION					
A. Name of Operator:						
PINE BLUFF CABLE TELEVISION						
MSO Name:						
WEHCO VIDEO, INC						
B. Employment Unit's Mailing Address						
PO BOX 2221						
City		State		Zip Code		
LITTLE ROCK		AR		72203-		
FCC Registration Num	shaw			<u> </u>		
0005028774	ider:					
Emp. Unit ID # 25137	3					
Application Purpose						
New Program Report						
O Amendment to Program Report						
Supplemental Investigation Sheet (SIS) Attached						
		- 141				
C. County and State in which unit's employment office is located JEFFERSON, AR						
D. Category of Respondent (check applicable box)						
B. category of reespon	dent (eneen approuete son)					
O Fewer than six (6)	full-time employees during the sel	ected payroll p	eriod: Con	nplete Sections I, II a	nd V	
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						
	<u> </u>					
E. Pay Period Covered	by this Report (inclusive dates) 8.	/18/18 - 8/30/18	3			
F. Attachments: (See "Exhibit" buttons, below.)						
SECTION II COMM	UNITY INFORMATION					
SECTION II COMM	UNITY INFORMATION					
	System Communities Con	nprising Local 1	Emplovme	ent Unit		
Ident No.	Name of Community	11			Type	
الــــــــــــــــــــــــــــــــــــ	•			ocation (State)	Туре	
Review the list of communities served on the previous year's submission and attach as Exhibit [Exhibit 1]						
A any additions or deletions, using the format noted above. NOTE: APPLICABLE ONLY TO						
CABLE OPERATORS AND NOT TO OTHER MVPD UNITS.						

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.	⊙ Yes O No	
2.	Do you disseminate widely your EEO Program to job applicants, employees, and those with whom you regularly do business?	• Yes • 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 • 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 • 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 • 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 O 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 O 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 O 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
	VP OF ADMINISTRATION
Date	Name of Respondent
9/5/2018	CHARLOTTE DIAL
Telephone No. (include area code)	
5013783529	

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