Federal Communications Commissio Washington, D.C. 20554	n	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. - 20181001AKL			
Read INSTRUCTIONS Before Filling Out Form						
SECTION I IDENTIFYING INFORMATION A. Name of Operator:						
WAVEDIVISION VI, LLC						
MSO Name: ASTOUND BROADBAND						
B. Employment Unit's Mailin 401 KIRKLAND PARKPLA SUITE 500						
City KIRKLAND		State WA		Zip Code 98033-		
FCC Registration Number: 0015637911						
Emp. Unit ID # 12131						
Application Purpose						
New Program Report						
O Amendment to Program Report						
Supplemental Investigation Sheet (SIS) Attached						
C. County and State in which unit's employment office is located PLACER, CA						
D. Category of Respondent (check applicable box)						
Equar than six (6) full tin	no amployees during the colocted	d normall namia di C	Iomnlata	Sections I. II and 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 						
E. Pay Period Covered by this Report (inclusive dates) 9/1/18-9/15/18						
F. Attachments: (See "Exhibit" buttons, below.)						
SECTION II COMMUNITY	Y INFORMATION					
System Communities Comprising Local Employment Unit						
Ident No.	Name of Community	/		Location (State)	Туре	
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 OPERATORS AND NOT TO OTHER MVPD UNITS.						

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 Opportunity Rule, 47 C.F.R. Section 76.75(b), during the twelve month period prior to filing this form?	• Yes • 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 VICE PRESIDENT, HUMAN RESOURCES	
	Name of Respondent TRACY BRUTCHER	
elephone No. (include area code) 259471670		

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