

Federal Communications Commission Washington, D.C. 20554  <p style="text-align: center;"><b>FCC 396-C</b></p>	OMB 3060-1033 September 2003	FOR FCC USE ONLY
<p><b>Multi-Channel Video Program Distributor EEO Program Annual Report</b></p> <p>Read INSTRUCTIONS Before Filling Out Form</p>		FOR COMMISSION USE ONLY FILE NO. -

**SECTION I IDENTIFYING INFORMATION**

A. Name of Operator:  
 RESORT TV CABLE CO., INC.

MSO Name:  
 WEHCO VIDEO, INC.

B. Employment Unit's Mailing Address  
 PO BOX 2221

City LITTLE ROCK	State AR	Zip Code 72203-
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FCC Registration Number:  
 0005028030

Emp. Unit ID # 554558

**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  
 GARLAND, AR

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) 09/08/2017 - 09/21/2017

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 [Exhibit 1]  
 A any 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 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 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 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 9/26/2017	Name of Respondent 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).

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**Exhibits**

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