

Federal Communications Commission Washington, D.C. 20554 FCC 396-C	OMB 3060-1033 September 2003	FOR FCC USE ONLY
Multi-Channel Video Program Distributor EEO Program Annual Report Read INSTRUCTIONS Before Filling Out Form		FOR COMMISSION USE ONLY FILE NO. -

SECTION I IDENTIFYING INFORMATION			
A. Name of Operator: MID-HUDSON CABLEVISION, INC.			
MSO Name: MID-HUDSON CABLEVISION, INC.			
B. Employment Unit's Mailing Address 200 JEFFERSON HEIGHTS PO BOX 399			
City CATSKILL	State NY	Zip Code 12414-	
FCC Registration Number:			
Emp. Unit ID # NY0342			
Application Purpose			
<input checked="" type="radio"/> New Program Report <input type="radio"/> Amendment to Program Report			
<input type="checkbox"/> Supplemental Investigation Sheet (SIS) Attached			
C. County and State in which unit's employment office is located GREENE, NY			
D. Category of Respondent (check applicable box)			
<input checked="" type="checkbox"/> Fewer than six (6) full-time employees during the selected payroll period: Complete Sections I, II and V <input checked="" type="checkbox"/> 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) 09/27/2018			
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 A any additions or deletions, using the format noted above. NOTE: APPLICABLE ONLY TO CABLE OPERATORS AND NOT TO OTHER MVPD UNITS. [Exhibit 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]

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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
2.	Do you disseminate widely your EEO Program to job applicants, employees, and those with whom you regularly do business?	<input checked="" type="radio"/> Yes <input type="radio"/> 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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
4.	Do you undertake to offer promotions to positions of greater responsibility in a nondiscriminatory manner?	<input checked="" type="radio"/> Yes <input type="radio"/> 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?	<input checked="" type="radio"/> Yes <input type="radio"/> 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?	<input checked="" type="radio"/> Yes <input type="radio"/> 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?	<input checked="" type="radio"/> Yes <input type="radio"/> 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?	<input checked="" type="radio"/> Yes <input type="radio"/> 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?	<input checked="" type="radio"/> Yes <input type="radio"/> 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
Date	Name of Respondent
10/11/2018	STEPHEN SOUKY
Telephone No. (include area code)	
5189436653	

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

Exhibit 1

Description: UNIT ID LIST

Attachment 1

Description
List of FCC Unit Id for EEO Filing

**MID-HUDSON CABLEVISION, INC.
P.O. BOX 399 CATSKILL, NEW YORK, 12414**

FCC Community Identification List

frn 0000014639		MHC		
<u>ID #</u>	<u>MUNICIPALITY</u>		<u>LOCATION</u>	<u>TYPE</u>
NY0345	Athens		New York	Town
Ny0344	Athens		New York	Village
Ny1188	Bethlehem		New York	Town
Ny0341	Catskill		New York	Town
Ny0342	Catskill		New York	Village
Ny1190	Cairo		New York	Town
Ny1189	Claverack		New York	Town
Ny1968	Coeymans		New York	Town
Ny0817	Coxsackie		New York	Town
Ny1192	Coxsackie		New York	Village
Ny0569	Greenport		New York	Town
Ny1264	Greenville		New York	Town
Ny0343	Hudson		New York	City
Ny0712	New Baltimore		New York	Town
Ny0818	Philmont		New York	Village
Ny1191	Ravena		New York	Village
Ny0820	Stockport		New York	Town
Ny1584	Westerlo		New York	Town
NY1884	Taghkanic		New York	Town
NY1469	Livingston		New York	Town
NY1661	Gallatin		New York	Town

Catskill Mountain Cablevision

FCC frn 0000012609		CMC		
<u>ID #</u>	<u>MUNICIPALITY</u>		<u>LOCATION</u>	<u>TYPE</u>
Ny0297	Ashland		New York	Town
Ny0070	Prattsville		New York	Town
Ny0072	Windham		New York	Town
Ny1545	Durham		New York	Town
Ny1546	Rensselaerville		New York	Town

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 PO BOX 399

City CATSKILL	State NY	Zip Code 12414-
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FCC Registration Number:

Emp. Unit ID # NY0342

Application Purpose

New Program Report

Amendment to Program Report

Supplemental Investigation Sheet (SIS) Attached

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Exhibit 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

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Exhibit 3

Validate

Save

Clear

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SECTION V CERTIFICATION

This report must be certified as follows:

- A. By the individual owning the reporting system if individually owned;
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Signed	Title
	CFO
Date	Name of Respondent
10/11/2018	STEPHEN SOUKY
Telephone No. (include area code)	
5189436653	

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**Federal Communications Commission
CDBS Electronic Filing System**

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