

FCC 396-C

Multi-Channel Video Program Distributor EEO Program
Annual ReportFOR COMMISSION USE ONLY
FILE NO.
B396 - 20160930AGCRead **INSTRUCTIONS** Before Filling Out Form

SECTION I IDENTIFYING INFORMATION

A. Name of Operator:
LAYER3 TV, INC.

MSO Name:

B. Employment Unit's Mailing Address
1660 WYNKOOP STREET
SUITE 800City
DENVERState
COZip Code
80202-FCC Registration Number:
0025584095

Emp. Unit ID # 12873

Application Purpose

- New Program Report
 Amendment to Program Report

 Supplemental Investigation Sheet (SIS) AttachedC. County and State in which unit's employment office is located
DENVER, CO

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) 08/01/2016-08/31/2016

F. Attachments: (See "Exhibit" buttons, below.)

SECTION II COMMUNITY INFORMATION

System Communities Comprising Local Employment Unit

Ident No.	Name of Community	Location (State)	Type
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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

Menu

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

Menu

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 COMPANY COUNSEL
Date 9/30/2016	Name of Respondent LAUREN E. WALLACE
Telephone No. (include area code) 3035249270	

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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