



(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0033669375** | File Number: **0000078160** | Submit Date: **07/17/2019** | Call Sign: **WHKY** | Facility ID: **65918** | City: **HICKORY** | State: **NC**

Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **07/17/2019** | Filing Status: **Active**

General Information

Section	Question	Response
Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	WHKY(AM) RENEWAL EEO PROGRAM REPORT
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
LONG COMMUNICATIONS, LLC. Doing Business As: LONG COMMUNICATIONS, LLC.	PO BOX 1059 HICKORY, NC 28603 United States	+1 (828) 322-5115	JLONG@WHKY.COM	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
JOSEPH C CHAUTIN , iii . Legal Counsel HARDY, CAREY, CHAUTIN & BALKIN, L.L.P.	1080 West Causeway Approach Mandeville, LA 70471 United States	+1 (985) 629-0777	JCHAUTIN@HARDYCAREY.COM	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
65918	WHKY	HICKORY	NC	No
65919	WHKY-TV	HICKORY	NC	No

Program Report Questions

Section	Question	Response
Discrimination Complaints	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No
Full-time Employees	Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	No

Additional Program Report

Responsibility for Implementation

Questions

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

Name	Title
JEFFREY B. LONG	MEMBER MANAGER

Certification

Question	Response
The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.F. R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay	
Certified Date	07/17 /2019
Certified Title	Member-Manager
Authorized Party Name	Jeffrey Long

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">WHKY 2017-2018 EEO Public File Report.pdf</a>	Applicant	EEO Public File Report	WHKY EEO Public File Report 2017-2018	Done with Virus Scan and /or Conversion
<a href="#">WHKY 2018-2019 EEO Public File Report.pdf</a>	Applicant	EEO Public File Report	WHKY EEO Public File Report 2018-2019	Done with Virus Scan and /or Conversion
<a href="#">WHKY 2019 EEO Narrative Statement.pdf</a>	Applicant	Narrative Statement	WHKY Narrative Statement	Done with Virus Scan and /or Conversion