

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0001881531** | File Number: **0000079277** | Submit Date: **07/31/2019** | Call Sign: **WYBB** | Facility ID: **36139** | City:
FOLLY BEACH | State: **SC**
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **07/31/2019** | 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.	2019 EEO Program Report
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
L.M. COMMUNICATIONS OF SOUTH CAROLINA, INC. Doing Business As: L.M. COMMUNICATIONS OF SOUTH CAROLINA, INC.	401 WEST MAIN STREET SUITE 301 LEXINGTON, KY 40507 United States	+1 (859) 233-1515	lmartin@lmcomm.com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Sally A. Buckman Lerman Senter PLLC	2001 L Street, NW Suite 400 Washington, DC 20036 United States	+1 (202) 429-8970	sbuckman@lermansenter.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
50729	WCOO	KIAWAH ISLAND	SC	No
36139	WYBB	FOLLY BEACH	SC	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)?	Yes
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
Questions

Responsibility for Implementation

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
Paul Smith	General 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	07/31 /2019
Certified Title	President
Authorized Party Name	Lynn M. Martin

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
Discrimination Complaints.pdf	Applicant	Discrimination Complaints	Discrimination Complaints	Done with Virus Scan and /or Conversion
FCC Form 396 - EEO Program Narrative Statement.pdf	Applicant	Narrative Statement	EEO Program Statement	Done with Virus Scan and /or Conversion
WYBB-WCOO-EEO-PFR-2017-18.pdf	Applicant	EEO Public File Report	2017-18 Report	Done with Virus Scan and /or Conversion
WYBB-WCOO-EEO-PFR-2018-19.pdf	Applicant	EEO Public File Report	2018-19 Report	Done with Virus Scan and /or Conversion