Federal
Communications
Commission

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity
Program Report

FRN: **0001818061** | File Number: **0000081915** | Submit Date: **09/23/2019** | Call Sign: **WQCS** | Facility ID: **28545** | City:

FORT PIERCE | State: **FL**

Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/23/2019** | 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.	WQCS 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
INDIAN RIVER STATE COLLEGE Doing Business As: INDIAN RIVER STATE COLLEGE	3209 VIRGINIA AVENUE FORT PIERCE, FL 34981 United States	+1 (772) 462-7811	cpuorro@irsc.edu	GOE

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Barry S. Persh Gray Miller Persh LLP	2233 Wisconsin Ave., NW Suite 226 Washington, DC 20007 United States	+1 (202) 776-2458	bpersh@graymillerpersh.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
28545	WQCS	FORT PIERCE	FL	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
Chris Puorro	Station 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	09/23/2019
Certified Title	President, Indian River State College
Authorized Party Name	Edwin Massey , Ph.D. .

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
WQCS 2017-2018 Annual EEO Public File Report.pdf	Applicant	EEO Public File Report	2017-2018 Annual EEO Public File Report	Done with Virus Scan and /or Conversion
WQCS 2018-2019 Annual EEO Public File Report.pdf	Applicant	EEO Public File Report	2018-2019 Annual EEO Public File Report	Done with Virus Scan and /or Conversion
WQCS EEO Narrative Statement.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and /or Conversion