

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0023916323** | File Number: **0000091622** | Submit Date: **11/27/2019** | Call Sign: **WXYY** | Facility ID: **54805** | City: **RINCON** | State: **GA**  
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **11/27/2019** | 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.	December 2019 Savannah /Hilton Head, GA/SC EEO Schedule 396
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
ALPHA MEDIA LICENSEE LLC	1211 SW 5TH AVENUE SUITE 750 PORTLAND, OR 97204 United States	+1 (503) 517-6200	bob@alphamediausa.com	LLC

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Kathleen Kirby Wiley Rein LLP	1776 K Street, NW Washington, DC 20006-2304 United States	+1 (202) 719-3360	kkirby@wileyrein.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
11674	WGCO	MIDWAY	GA	No
48366	WHHW	HILTON HEAD ISLAND	SC	No
16844	WUBB	BLUFFTON	SC	No
72387	WRWN	PORT ROYAL	SC	No
48367	WFXH-FM	HILTON HEAD ISLAND	SC	No
54805	WXYY	RINCON	GA	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

<b>Full-time Employees</b>	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?	Yes
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**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	11/27/2019
Certified Title	President
Authorized Party Name	Robert Proffitt

**Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#"><u>Discrimination Complaint.pdf</u></a>	Applicant	Discrimination Complaints	Discrimination Complaint	Done with Virus Scan and/or Conversion