

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0003739349 Fi	ile Number: 0000111120	Submit Date: 04/01/2	2020 Call Sign: WLFX	Facility ID: 4809 City:
BEREA State: KY				
Service: Full Power FM	Purpose: EEO Report	Status: Received	Status Date: 04/01/2020	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.	2020 WKXO WLFX WEKY WIRV WCYO license renew - EEO
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
WALLINGFORD COMMUNICATIONS, LLC	120 BIG HILL AVE. RICHMOND, KY 40475 United States	+1 (000) 000- 0000	kelly@wcyo. com	LLC

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	John Neely Esq MILLER AND NEELY, P.C.	Suite 203 3750 University Blvd., West Kensington, MD 20895 United States	+1 (301) 933- 6304	JOHNSNEELY@YAHOO. COM	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
4810	WKXO	BEREA	KY	No
4811	WEKY	RICHMOND	KY	No
4809	WLFX	BEREA	KY	No
34247	WCYO	IRVINE	KY	No
34248	WIRV	IRVINE	KY	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	full-time e	employees? Consid	nt unit employ fewer than five er as "full-time" employees all 0 or more hours a week?	No			
Additional		Responsibility for Implementation						
Program Report Questions	official's name and title are:	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							
	KELLY WALLINGFORD	KELLY WALLINGFORD PRESIDENT						
Certification	Question					Response		
	partner, trustee, authorized authorized to sign on beha Commission under 47 C.F. who further certifies that he	d employee, or alf of the party fi .R. Section 1.23 e or she has rea	other individual or c ling the report; or (b B(a), who is authoriz ad the document; th	the report, or an officer, director luly elected or appointed official o) an attorney qualified to practic zed to represent the party filing at to the best of his or her know that it is not interposed for dela	l who is ce before the the report, and vledge,			
	Certified Date					04/01/2020		
	Certified Title					President		
	Authorized Party Name					Kelly Wallingford		
Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status			
	WLFX 2019 EEO statement.pdf.docx	Applicant	EEO Public File Report	2019 EEO Public File Report statement	Done with Virus Conversion	Scan and/or		

2020 EEO Public file Report

EEO Narrative

Done with Virus Scan and/or

Done with Virus Scan and/or

Conversion

Conversion

WLFX 2020 EEOPFR.pdf

WLFX EEO narrative.docx

Applicant

Applicant

EEO Public File

Report

Narrative Statement