

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0001790724** | File Number: **0000108905** | Submit Date: **03/24/2020** | Call Sign: **WLVK** | Facility ID: **70496** | City:  
**FORT KNOX** | State: **KY**

Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **03/24/2020** | Filing Status: **Active**

## General Information

Section	Question	Response
<b>Application Description</b>	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 WLVK WAKY AM/FM license renew - EEO
<b>Attachments</b>	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
<b>W &amp; B BROADCASTING CO., INC.</b>	P.O. BOX 2087 ELIZABETHTOWN, KY 42702 United States	+1 (270) 766-1035	rbell@wakyradio.com	COR

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
John Neely , Esq . Miller and Neely, PC	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
30798	WAKY	LOUISVILLE	KY	No
70495	WAKY-FM	RADCLIFF	KY	No
70496	WLVK	FORT KNOX	KY	No

## Program Report Questions

Section	Question	Response
<b>Discrimination Complaints</b>	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?	No

## Responsibility for Implementation

Additional  
Program Report  
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
Rene Bell	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	03/24/2020
Certified Title	President
Authorized Party Name	William B Walters

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">EEO complaint.docx</a>	Applicant	Discrimination Complaints	Discrimination Complaint	Done with Virus Scan and/or Conversion
<a href="#">WLVK 2019 EEOPFR.pdf</a>	Applicant	EEO Public File Report	2019 EEO Public File Report	Done with Virus Scan and/or Conversion
<a href="#">WLVK 2020 EEOPFR.pdf</a>	Applicant	EEO Public File Report	2020 EEO Public File Report	Done with Virus Scan and/or Conversion
<a href="#">WLVK EEO narrative.docx</a>	Applicant	Narrative Statement	EEO narrative	Done with Virus Scan and/or Conversion