

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0004842282
 File Number:
 0000114556
 Submit Date:
 05/28/2020
 Call Sign:
 WYSU
 Facility ID:
 74434
 City:

 YOUNGSTOWN
 State:
 OH
 State:
 OH
 State:
 State:

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.	WYSU EEO Report	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

#### Licensee Information

Applicant	Address	Phone	Email	Applicant Type
YOUNGSTOWN STATE UNIVERSITY Doing Business As: YOUNGSTOWN STATE UNIVERSITY	655 WICK AVENUE YOUNGSTOWN, OH 44555 United States	+1 (330) 941- 3363	SEXTON@WYSU. ORG	GOE

Contact Representatives	Contact Name	Address	Ph	ione	Emai	il	Contact Type
	Howard Liberman Wilkinson Barker Knauer LLP	1800 M St Washingtor 20036 United Stat	n, DC 33	I (202) 383- 373	hlibe com	erman@wbklaw.	Legal Representative
Common Stations	Facility Identifier	Call Sign	<b>City</b> YOUNGSTOW	Sta /N OF		Time Brokerage Ag	greement

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

#### **Responsibility for Implementation**

Additional Program Report Questions

**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
	Gary Sexton	General Manager
Certification	Question	Response
	trustee, authorized employee, or o on behalf of the party filing the rep F.R. Section 1.23(a), who is autho	or she is (a) the party filing the report, or an officer, director, member, partner, other individual or duly elected or appointed official who is authorized to sign ort; or (b) an attorney qualified to practice before the Commission under 47 C. rized to represent the party filing the report, and who further certifies that he at to the best of his or her knowledge, information, and belief there is good not interposed for delay
	Certified Date	05/28 /2020
	Certified Title	Associate Vice President of University Relations
	Authorized Party Name	Shannon Tirone

### Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
2019-2020 EEO Public File Report Final 5.28.2020.pdf	Applicant	EEO Public File Report	2019-2020 EEO Report	Done with Virus Scan and /or Conversion
<u>Youngstown State - 2018-2019 EEO Report.</u>	Applicant	EEO Public	2018-2019	Done with Virus Scan and
pdf		File Report	EEO Report	/or Conversion
Youngstown State	Applicant	Narrative	Narrative	Done with Virus Scan and
University EEO Narrative Statement.docx		Statement	Statement	/or Conversion