

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0003730751** File Number: **0000114756** Submit Date: **05/29/2020** Call Sign: **WTCM** Facility ID: **70524** City

TRAVERSE CITY State: MI

Service: Full Power AM Purpose: EEO Report Status: Received Status Date: 05/29/2020 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 Renewal EEO Report for WTCM Radio, Inc., WCCW Radio, Inc., WBCM Radio, Inc. and WKJF Radio, Inc.
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
WTCM Radio, Inc.	Chris Warren 314 East Front Street Traverse City, MI 49684 United States	+1 (231) 947-7675	chrisw@wtcmradio.com	COR

#### Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Dennis J. Kelly Attorney	Post Office Box 41177 Washington, DC 20018-	+1 (202) 293- 2300	dkellyfcclaw1@comcast.	Legal Representative
Law Office of Dennis J. Kelly	0577 United States			

### Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
20421	WCCW	TRAVERSE CITY	MI	No
70524	WTCM	TRAVERSE CITY	MI	No
5207	WJZQ	CADILLAC	MI	No
20423	WCCW-FM	TRAVERSE CITY	MI	No
71210	WBCM	BOYNE CITY	MI	No
70525	WTCM-FM	TRAVERSE CITY	MI	No
49591	WKLT	KALKASKA	MI	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 Questions

### Responsibility for Implementation

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 Warren	VicePresident

### 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	05/29 /2020
Certified Title	Vice- President
Authorized Party Name	Chris Warren

### Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
WTCM 2019 EEO Public File Report.pdf	Applicant	EEO Public File Report	2019 EEO Public File Report	Done with Virus Scan and /or Conversion
WTCM et al2020 Renewal EEO Report  Narrative Statement.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and /or Conversion
WTCMJune 2020 EEO Report.pdf	Applicant	EEO Public File Report	2020 EEO Public File Report	Done with Virus Scan and /or Conversion