

## Broadcast Equal Employment Opportunity Program Report

 FRN: 0004955860
 File Number: 0000117816
 Submit Date: 07/15/2020
 Call Sign: WCPT
 Facility ID: 16849
 City:

 WILLOW SPRINGS
 State: IL
 State: Full Power AM
 Purpose: EEO Report
 Status: Received
 Status: Date: 07/15/2020
 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.	EEO Program Report - IL Stations - 2020
	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
WYPA, INC.	2401 N. HALSTED STREET SUITE 200 CHICAGO, IL 60614 United States	+1 (773) 975-5721	cdanz@newsweb.com	COR

Contact	Contact Name	Addre	255	Phone Email		ail	Contact Type
Representatives	Mark Denbo Counsel Smithwick & Belendiuk, P C.	W. Suite Wash	Wisconsin Avenue, N. 301 ington, DC 20016 d States	+1 (202) 350- 9656	mda con	enbo@fccworld. n	Legal Representative
Common Stations	Facility Identifier	Call Sigr	n City		State	Time Brokera	ge Agreement
	16849	WCPT	WILLOW SPRIN	GS	IL	No	
	15520	WCPY	ARLINGTON HE	ARLINGTON HEIGHTS		No	
	16847	WSBC	CHICAGO		IL	No	
Program Report Questions	Section	Qu	estion			Resp	oonse
	Discrimination Complain	thi jur all	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)?			Ι,	
	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?

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					
	Mark Pinski		GeneralMa	anager				
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				07/15 /2020			
	Certified Title				President and Treasurer			
	Authorized Party Name				Catherine Danz			
Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status			
	EEO Narrative Statement 2020 - Newsweb Stations.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion			
	Illinois Stations - EEO Public File	Applicant	EEO Public	EEO Public File Report -	Done with Virus Scan			

File Report

EEO Public

File Report

Applicant

2018-19

Illinois Stations - EEO Public

File Report 2019-20

Report 2018-19.pdf

Report 2019-20.pdf

Illinois Stations - EEO Public File

and/or Conversion

and/or Conversion

Done with Virus Scan