

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0022836373** | File Number: **0000119569** | Submit Date: **07/31/2020** | Call Sign: **WSKY-TV** | Facility ID: **76324** |
 City: **MANTEO** | State: **NC**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **07/31/2020** | Filing Status: **Active**

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
TIDEWATER TV LLC Doing Business As: TIDEWATER TV LLC	150 Fayetteville Street Suite 1700 Raleigh, NC 27601 United States	+1 (919) 839-0300	cramsey@brookspierce.com	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Coe W Ramsey Brooks Pierce	150 Fayetteville Street Suite 1700 Raleigh, NC 27601 United States	+1 (919) 839-0300	cramsey@brookspierce.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
76324	WSKY-TV	MANTEO	NC	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
Tiffany Humphrey	Business and Traffic 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	07/31/2020
Certified Title	President
Authorized Party Name	David A. Hanna

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
wsky-aug-2018-july-2019-eeo-report-20190731-154336235-doc (3).pdf	Applicant	EEO Public File Report	2019 WSKY-TV EEO PUBLIC FILE REPORT	Done with Virus Scan and/or Conversion
WSKY Aug 2019-July 2020 EEO REPORT 4815-6718-4325 v.2.pdf	Applicant	EEO Public File Report	2020 WSKY-TV EEO PUBLIC FILE REPORT	Done with Virus Scan and/or Conversion
WSKY - Narrative Statement for EEO Program Report 4841-3711-7123 v.1.pdf	Applicant	Narrative Statement	BROAD AND INCLUSIVE OUTREACH NARRATIVE STATEMENT	Done with Virus Scan and/or Conversion