

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0021976998** | File Number: **0000125341** | Submit Date: **11/03/2020** | Call Sign: **WYTK** | Facility ID: **14052** | City: **ROGERSVILLE** | State: **AL**  
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **11/03/2020** | 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 WYTK 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>VALLEY BROADCASTING, INC.</b> Doing Business As: VALLEY BROADCASTING, INC.	Gregory Thornton PO Box 146 FLORENCE, AL 35630 United States	+1 (256) 764-9390	gregthornton@939thescore.com	Company

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Kevin C. Kidd ENGINEER KK Broadcast Engineering	Kevin Kidd 51 RIDGE LN LAWRENCEBURG, TN 38464 United States	+1 (931) 766-2999	FCCWYTK@KKBC.COM	Technical Representative
Gregory H. Thornton President / General Manager VALLEY BROADCASTING, INC	Gregory Thornton PO Box 146 Florence, AL 35631 United States	+1 (256) 764-9390	Gregthornton@939thescore.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
14052	WYTK	ROGERSVILLE	AL	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)?	No

<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?	Yes
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**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	11/03 /2020
Certified Title	President / GM
Authorized Party Name	Gregory H. Thornton

**Attachments**

No Attachments.