

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0014489504** File Number: **0000128212** Submit Date: **11/30/2020** Call Sign: **WYYU** Facility ID: **54517** City:

DALTON State: GA

Service: Full Power FM Purpose: EEO Report Status: Received Status Date: 11/30/2020 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.	
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
NORTH GEORGIA RADIO GROUP, L.P. Doing Business As: NORTH GEORGIA RADIO GROUP, L.P.	PO BOX 1284 DALTON, GA 30722 United States	+1 (706) 272- 5827	pfink@sclairco. com	LIP

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Paul Fink North Georgia Radio Group	P.O.Box 1284 Dalton, GA 30722 United States	+1 (706) 272-5827	pfink@sclairco.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
54518	WDAL	DALTON	GA	No
4059	WOCE	RINGGOLD	GA	No
49233	WBLJ	DALTON	GA	No
54517	WYYU	DALTON	GA	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
Paul Fink	

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	11/30/2020
Certified Title	Operations Manager
Authorized Party Name	Bobby Burden

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
NGRG 2019-2020 EEO REPORT FINAL.docx	Applicant	Narrative Statement		Done with Virus Scan and /or Conversion
ngrg-eeo-report-11-22-19-20191122- 145712444-pdf (4).pdf	Applicant	EEO Public File Report		Done with Virus Scan and /or Conversion
ngrg-eeo-report-12-1-18-20181128- 153556476-pdf (3).pdf	Applicant	EEO Public File Report		Done with Virus Scan and /or Conversion