

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0009269473
 File Number:
 0000073955
 Submit Date:
 05/31/2019
 Call Sign:
 WINA
 Facility ID:
 10649
 City:

 CHARLOTTESVILLE
 State:
 VA

 Service:
 Full Power AM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 05/31/2019
 Filing Status:
 Active

General	Section	Question	Response
Information	mation 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.	WINA-WWWV-WQMZ- WCNR-WCVL-FM-WVAX - Charlottesville Cluster - EEO Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
TIDEWATER COMMUNICATIONS, LLC Doing Business As: TIDEWATER COMMUNICATIONS, LLC	73 KERCHEVAL AVENUE GROSSE POINTE FARMS, MI 48236 United States	+1 (313) 886-7070	FCCLICENSES@SAGACOM. COM	LLC

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Gary S. Smithwick , Esq Counsel SMITHWICK & BELENDIUK, P.C.	Mr. Gary S. Smithwick 5028 WISCONSIN AVENUE, N.W. SUITE 301 WASHINGTON, DC 20016 United States	+1 (202) 363- 4560	GSMITHWICK@FCCWORLD. COM	Legal Representative

Common	
Stations	

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
161156	WVAX	CHARLOTTESVILLE	VA	No
10653	WQMZ	CHARLOTTESVILLE	VA	No
52394	WCNR	KESWICK	VA	No
10649	WINA	CHARLOTTESVILLE	VA	No
74161	WCVL-FM	CHARLOTTESVILLE	VA	No
19837	WWWV	CHARLOTTESVILLE	VA	No

Program Report Questions Section

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?		

Responsibility for Implementation Additional **Program Report** A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That Questions official's name and title are: Title Name Faketa Pontious **Business Manager** Question Response Certification 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 05/31/2019 **Certified Title** Vice President Authorized Party Name Mike Chiumento

File Name	Uploaded By	Attachment Type	Description	Upload Status
Charlottesville, VA EEO Public File Report 2017-2018.pdf	Applicant	EEO Public File Report	Charlottesville, VA EEO Public File Report 2017-2018	Done with Virus Scan and/or Conversion
Charlottesville, VA EEO Public File Report 2018-2019.pdf	Applicant	EEO Public File Report	Charlottesville, VA EEO Public File Report 2018-2019	Done with Virus Scan and/or Conversion
EEO Outreach Statement.pdf	Applicant	Narrative Statement	Outreach Statement	Done with Virus Scan and/or Conversion