

Broadcast Equal Employment Opportunity **Program Report**

Licensee Name, Type and Contact Information

FRN: 0022021620 File Number: 0000079516 Submit Date: 08/01/2019 Call Sign: WCCP-FM Facility ID: 24481 City: CLEMSON State: SC Status Date: 08/01/2019 Service: Full Power FM Purpose: EEO Report Status: Received 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.	Byrne Acquisition Group, LLC - Clemson Stations EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
BYRNE ACQUISITION GROUP, LLC Doing Business As: BYRNE ACQUISITION GROUP, LLC	2927 DEVINE STREET SUITE 100 COLUMBIA, SC 29205 United States	+1 (803) 851- 7388	dstribling@whhitv. com	LLC

Contact Representatives	Contact Name	Address	Phone	Email		Contact Type
	Timothy G. Nelson Brooks, Pierce et al.	150 Fayetteville Street Suite 1700 Raleigh, NC 27601 United States	+1 (919) 839-0300	tnelson	@brookspierce.com	Legal Representative
Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Ag	greement
	24481	WCCP-FM	CLEMSON	SC	No	
	24482	WAHT	CLEMSON	SC	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)?	Yes
	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
Debra Jones	General Manager

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

Question

Certified Date	08/01 /2019
Certified Title	President
Authorized Party Name	John B. Byrne

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
Clemson Stations 2018 Public File	Applicant	EEO Public File	2018 Public File	Done with Virus Scan and
Report.pdf		Report	Report	/or Conversion
Clemson Stations 2019 Public File	Applicant	EEO Public File	2019 Public File	Done with Virus Scan and
Report.pdf		Report	Report	/or Conversion
Clemson Stations EEO Form 396	Applicant	Discrimination	Discrimination	Done with Virus Scan and
Exhibit Complaint.pdf		Complaints	Complaint	/or Conversion
Clemson Stations Narrative Statement.	Applicant	Narrative	Narrative	Done with Virus Scan and
pdf		Statement	Statement	/or Conversion