

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0027762152** | File Number: **0000109102** | Submit Date: **03/25/2020** | Call Sign: **WCYQ** | Facility ID: **49923** | City: **OAK RIDGE** | State: **TN**
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **03/25/2020** | 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.	WCYQ/ WKHT/ WNOX/ WWST - EEO Program Report
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
SM-WCYQ, LLC Doing Business As: SM-WCYQ, LLC	2700 CORPORATE DRIVE SUITE 115 BIRMINGHAM, AL 35242 United States	+1 (205) 322-2987	darryl.grondines@summitmediacorp.com	Company

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Francisco R Montero , Esq . Fletcher, Heald & Hildreth, PLC	1300 N 17th Street, Suite 1100 Arlington, VA 22209 United States	+1 (703) 812-0400	montero@fhhlaw.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
29727	WWST	SEVIERVILLE	TN	No
49923	WCYQ	OAK RIDGE	TN	No
40854	WKHT	KNOXVILLE	TN	No
29741	WNOX	KARNS	TN	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
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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
H Carl Parmer	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	03/25 /2020
Certified Title	Manager
Authorized Party Name	H Carl Parmer

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
2019-2020 EEO Public File Report - Knoxville.pdf	Applicant	EEO Public File Report	2019-2020 Annual EEO Public File Report	Done with Virus Scan and/or Conversion
WCYQ - WKHT - WNOX - WWST - 2018-2019 Annual EEO Report.pdf	Applicant	EEO Public File Report	2018-2019 Annual EEO Public File Report	Done with Virus Scan and/or Conversion
WCYQ - WKHT - WNOX - WWST - EEO Narrative Statement.pdf	Applicant	Narrative Statement	EEO Narrative Statement	Done with Virus Scan and/or Conversion