

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0001756659** | File Number: **0000127186** | Submit Date: **11/24/2020** | Call Sign: **WCOV-TV** | Facility ID: **73642**
 City: **MONTGOMERY** | State: **AL**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **11/24/2020** | Filing Status: **Active**

General Information

Section	Question	Response
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
WOODS COMMUNICATIONS CORPORATION	One WCOV Avenue Montgomery, AL 36111 United States	+1 (334) 288-7020	kathy@wcov.com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
AARON P. SHAINIS FCC COUNSEL SHAINIS AND PELTZMAN, CHARTERED	AARON P. SHAINIS 1850 M STREET SUITE 240 WASHINGTON, DC 20036 United States	+1 (202) 293-0567	AARON@S-PLAW.COM	Legal Representative
David Woods President Woods Communications Corporation	One WCOV Avenue Montgomery, AL 36111 United States	+1 (334) 288-7020	david@wcov.com	Owner

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
73642	WCOV-TV	MONTGOMERY	AL	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

Responsibility for Implementation

Program Report Questions

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
Kathy Liles	Business 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	11/24/2020
Certified Title	President
Authorized Party Name	David Woods

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
2012 WCOV-TV EEO (B396-20121203ASP).pdf	Applicant	All Purpose	Prior EEO	Done with Virus Scan and/or Conversion
2016 WCOV-TV EEO Midterm (B397-20161129AEX).pdf	Applicant	All Purpose	Prior EEO	Done with Virus Scan and/or Conversion
EEO Summary Recap WCOV 2019.pdf	Applicant	Narrative Statement	2019 Narrative Statement	Done with Virus Scan and/or Conversion
EEO Summary Recap WCOV 2020.pdf	Applicant	Narrative Statement	2020 Narrative Statement	Done with Virus Scan and/or Conversion