

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0004205357
 File Number:
 0000091019
 Submit Date:
 11/25/2019
 Call Sign:
 WIFN
 Facility ID:
 1098
 City:

 ATLANTA
 State:
 GA

 Service:
 Full Power AM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 11/25/2019
 Filing Status:
 Active

General	Section	Question	Response	
Information	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.	EEO Report - WIFN, WFOM, WCNN	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes	

## Licensee Information

Applicant	Address	Phone	Email	Applican <sup>:</sup> Type
DICKEY BROADCASTING COMPANY Doing Business As: DICKEY BROADCASTING COMPANY	TWO BALLPARK CENTER 800 BATTERY AVENUE, S.E., SUITE 400 ATLANTA, GA 30339 United States	+1 (404) 688-0068	DAVIDDICKEY@680THEFAN. COM	COR

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	CHARLES R. NAFTALIN LEGAL COUNSEL HOLLAND & KNIGHT LLP	800 17TH STREET, NW SUITE 1100 WASHINGTON, DC 20006 United States	+1 (202) 457- 7040	CHARLES.NAFTALIN@HKLAW. COM	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	56389	WCNN	NORTH ATLANTA	GA	No
	1098	WIFN	ATLANTA	GA	No
	72066	WFOM	MARIETTA	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	full-time e	employees? Conside	t unit employ fewer than five r as "full-time" employees all ) 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								
	LAURA COWART		BUS	INESS MANAGER					
Certification	Question					Response			
	trustee, authorized employed behalf of the party filing the R. Section 1.23(a), who is a she has read the document	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								
	Certified Title								
	Authorized Party Name					David Dickey			
Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status				
	EEO_Doc Dec 17 - Nov 18	-	EEO Public File Report	EEO Public File Report (2017-2018)	Done with Virus Sca Conversion	an and/or			
	EEO Doc Dec 18 - Nov 19 Applicant EEO Public File EEO Public File Report Done with Virus Scan (002).pdf Conversion					an and/or			

Applicant

Narrative Statement.pdf

Narrative

Statement

Narrative Statement

Done with Virus Scan and/or

Conversion