

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0002900330
 File Number:
 0000110150
 Submit Date:
 03/30/2020
 Call Sign:
 WGCL
 Facility ID:
 59131
 City:

 BLOOMINGTON
 State:
 IN
 Service:
 Full Power AM
 Purpose:
 EEO Report
 Status:
 Received
 Status:
 Date:
 03/30/2020
 Filing Status:
 Active

General	Section	Question	Response
Information	ormation 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 Program Report - WTTS and WGCL
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
SARKES TARZIAN, INC. Doing Business As: SARKES TARZIAN, INC.	Brad Holtz 205 NORTH COLLEGE AVE. SUITE 800 BLOOMINGTON, IN 47402 United States	+1 (812) 332- 3366	brad@wttsfm. com	COR

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	NANCY A. ORY FCC COUNSEL LERMAN SENTER PLLC	2001 L STREET, NW, SUITE 400 WASHINGTON, DC 20006 United States	+1 (202) 416- 6791	NORY@LERMANSENTER. COM	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	59131	WGCL	BLOOMINGTON	IN	No
	59141	WTTS	BLOOMINGTON	IN	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 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			
	Brad Holtz	Vice President/General 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			
	Certified Title			
	Authorized Party Name			

Attac	hm	ents
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File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO Narrative Statement.pdf	Applicant	Narrative Statement	EEO Narrative Statement	Done with Virus Scan and/or Conversion
Sarkes Tarzian Bloomington EEO PFR 2018-2019.pdf	Applicant	EEO Public File Report	2018-2019 EEO PFR	Done with Virus Scan and/or Conversion
ST Bloomington EEO PFR 2019-20.pdf	Applicant	EEO Public File Report	2019-2020 EEO PFR	Done with Virus Scan and/or Conversion