

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0001770163** | File Number: **0000114293** | Submit Date: **05/26/2020** | Call Sign: **WKIN-CD** | Facility ID: **27503**
 City: **WEBER CY,VA-KPT,TN** | State: **VA**
 Service: **Digital Class A** | Purpose: **EEO Report** | Status: **Received** | Status Date: **05/26/2020** | Filing Status: **Active**

General Information

Section	Question	Response
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
Holston Valley Broadcasting Corporation	N. David Widener 222 Commerce Street Kingsport, TN 37660 United States	+1 (423) 723-6134	davidw@wtfm.com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Dennis J. Kelly Attorney Law Office of Dennis J. Kelly	PO Box 41177 Washington, DC 20018 United States	+1 (202) 293-2300	dkellyfcclaw1@comcast.net	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
27503	WKIN-CD	WEBER CY,VA-KPT,TN	VA	No
77676	WAPW-CD	ABINGDON, ETC.	VA	No
27498	WKTP	JONESBOROUGH	TN	No
27489	WTFM	KINGSPORT	TN	No
47076	WRZK	COLONIAL HEIGHTS	TN	No
27495	WKPT	KINGSPORT	TN	No
31405	WOPI	BRISTOL	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
Nathan David Widener	President

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	05/26 /2020
Certified Title	President
Authorized Party Name	Nathan David Widener

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
HVBC--2020 EEO Narrative Statement.pdf	Applicant	Narrative Statement	HVBC--2020 EEO Narrative Statement	Done with Virus Scan and /or Conversion
HVBC--EEO Public File Report 03-31-2019.pdf	Applicant	EEO Public File Report	March 31, 2019 Public File Report	Done with Virus Scan and /or Conversion
HVBC--EEO Public File Report 03-31-2020.pdf	Applicant	EEO Public File Report	March 31, 2020 Public File Report	Done with Virus Scan and /or Conversion