

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0005935499** | File Number: **0000123012** | Submit Date: **09/30/2020** | Call Sign: **WYKE-CD** | Facility ID: **63901** |  
 City: **INGLIS/YANKEETOWN** | State: **FL**  
 Service: **Digital Class A** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/30/2020** | 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
CITRUS COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC	Melissa Walker 5399 W. GULF TO LAKE HIGHWAY LECANTO, FL 34461 United States	+1 (352) 795-5541	kcenter@tampabay.rr.com	NFP

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
John S Neely Esq Miller and Neely, PC	3750 University Blvd., West Suite 203 Kensington, MD 20895 United States	+1 (301) 933-6304	johnsneely@yahoo.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
71585	WXZC	INGLIS	FL	Yes
63901	WYKE-CD	INGLIS/YANKEETOWN	FL	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?	Yes

## 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	09/30 /2020
Certified Title	Executive Director
Authorized Party Name	Melissa Walker

Attachments

No Attachments.