

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0015347529** | File Number: **0000142204** | Submit Date: **03/31/2021** | Call Sign: **WDEF-TV** | Facility ID: **54385**  
 City: **CHATTANOOGA** | State: **TN**  
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **03/31/2021** | Filing Status: **Active**

## General Information

Section	Question	Response
<b>Attachments</b>	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
<b>WDEF-TV, INC.</b> Doing Business As: WDEF-TV, INC.	Bobby Berry 301 Poplar Street Macon, GA 31201 United States	+1 (478) 745-4141	bberry@morrisnetwork.com	COR

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Anne Goodwin Crump FLETCHER, HEALD & HILDRETH, P.L.C.	1300 NORTH 17TH STREET Eleventh Floor ARLINGTON, VA 22209 United States	+1 (703) 812-0426	CRUMP@FHHLAW.COM	Legal Representative
Ray Luke TECHNICAL CONSULTANT Custom Specialty Services, LLC	Ray Luke 17363 Carlton Cuebas Rd Gulfport, MS 39503 United States	+1 (228) 297-2500	ray.css@att.net	Technical Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
54385	WDEF-TV	CHATTANOOGA	TN	No

## Program Report Questions

Section	Question	Response
<b>Discrimination Complaints</b>	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
<b>Full-time Employees</b>	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
Phil Cox	General 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	03/31 /2021
Certified Title	Chief Operating Officer
Authorized Party Name	Bobby Berry

**Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#"><u>2020-wdef-eeo-annual-report (01507799xB3D1E).pdf</u></a>	Applicant	EEO Public File Report	2019-20 EEO Public File Report	Done with Virus Scan and/or Conversion
<a href="#"><u>WDEF.EEONarrative.Exhibit (01520196xB3D1E).pdf</u></a>	Applicant	Narrative Statement	WDEF-TV EEO Narrative	Done with Virus Scan and/or Conversion
<a href="#"><u>WDEF-TV EEO PublicFileReport.2020-21 (01520753xB3D1E).pdf</u></a>	Applicant	EEO Public File Report	2020-2021 EEO Public File Report	Done with Virus Scan and/or Conversion