

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0017259110
 File Number:
 0000181330
 Submit Date:
 01/26/2022
 Call Sign:
 WNCQ-FM
 Facility ID:
 3410

 City:
 CANTON
 State:
 NY

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 01/26/2022
 Filing Status:
 Active

General Information	Section	Question	Response
	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.	Ogdensburg EEO Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Address	Phone	Email	Applicant Type
2448 E 81ST	+1 (918)	gena.	LLC
STREET	492-2660	mitchell@smgnational.	
SUITE 5500		com	
TULSA, OK			
74137			
United States			
	2448 E 81ST STREET SUITE 5500 TULSA, OK 74137	2448 E 81ST +1 (918) STREET 492-2660 SUITE 5500 TULSA, OK 74137	2448 E 81ST +1 (918) gena. STREET 492-2660 mitchell@smgnational. SUITE 5500 com TULSA, OK 74137

Contact Representatives	Contact Name		Address		e	Email	Contact Type
	Joseph C. Chautin III Hardy, Carey, Chautin & Balkin, LLP	Ap Ma	80 West Causeway oproach andeville, LA 70471 hited States	+1 (9 0777	85) 629-	jchautin@hardycarey. com	Legal Representative
Common Stations	Facility Identifier	Call Sign	n City		State	Time Brokerage Agr	eement
	3410	WNCQ-F	FM CANTON	I	NY	No	
	60470	WVLF	NORWO	OD	NY	No	
	15821	WRCD	CANTON	I	NY	No	
	77827	WPAC	OGDEN	BURG	NY	No	
	97	WMSA	MASSEN	IA	NY	No	
	49708	WYSX	MORRIS	TOWN	NY	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?		

Responsibility for Implementation Additional A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That **Program Report** Questions official's name and title are: Title Name Gena Mitchell **Executive Assistant** 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 01/26 /2022 **Certified Title** Manager Authorized Party Name David P Stephens

Attachme	nts
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File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO PF Report 2021-22.pdf	Applicant	EEO Public File Report	EEO 21-22	Done with Virus Scan and/or Conversion
EEO Program Report (narrative statement).pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion
Ogdensburg EEO 20-21.pdf	Applicant	EEO Public File Report	EEO 20-21	Done with Virus Scan and/or Conversion