

Broadcast Equal Employment Opportunity **Program Report**

Licensee Name, Type and Contact Information

FRN: 0021206529 File Number: 0000189231 Submit Date: 04/11/2022 Call Sign: WNGZ Facility ID: 49446 City: WATKINS GLEN State: NY Service: Full Power AM Purpose: EEO Report Status: Received Status Date: 04/11/2022 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.	Revised Renewal EEO For for WNKI, WNGZ, WCBF, WPHD, WENY, WENI
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
SOUTHERN BELLE, LLC Doing Business As: SOUTHERN BELLE, LLC	115 W. MAIN STREET Frankfort, KY 40601 United States	+1 (502) 875- 1130	Kristin@capcityradio. com	LLC

Address Phone **Contact Name** Email **Contact Type** Contact Representatives Allan G Moskowitz, Allan G Moskowitz, Esq. +1 (301) 908amoskowitz@amoskowitzlaw. Legal Esq. . 10845 TUCKAHOE WAY 4165 com Representative Attorney NORTH POTOMAC, MD Allan G. Moskowitz, 20878

United States

Common Stations

Questions

Esq.

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
71509	WCBF	ELMIRA	NY	No
53611	WNKI	CORNING	NY	No
53610	WENI	CORNING	NY	No
49446	WNGZ	WATKINS GLEN	NY	No
19651	WPHD	CORNING	NY	No
71510	WENY	ELMIRA	NY	No

Section Question Response **Program Report Discrimination Complaints** Have any pending or resolved complaints been filed during No 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)?

	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				
	Kristin Cantrell	President/Manager				
Certification	trustee, authorized employe behalf of the party filing the R. Section 1.23(a), who is a	hat he or she is (a) the party filing the report, or an officer, director, me ee, or other individual or duly elected or appointed official who is author e report; or (b) an attorney qualified to practice before the Commission authorized to represent the party filing the report, and who further certi t; that to the best of his or her knowledge, information, and belief there not interposed for delay	orized to sign on under 47 C.F. ifies that he or			
	Certified Date		04/11 /2022			
	Certified Title		President /Manager			
	Authorized Party Name		Kristin Cantrell			

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO Outreach Elmira NY	Applicant	Narrative	Elmira-Corning EEO	Done with Virus Scan and/or
2020-2021 .pdf		Statement	Outreach 2020-21	Conversion
EEO Outreach Elmira NY	Applicant	Narrative	Elmira-Corning EEO	Done with Virus Scan and/or
2021-22.pdf		Statement	Outreach 2021-22	Conversion
EEO Report Elmira NY 2020-	Applicant	EEO Public File	Elmira-Corning EEO	Done with Virus Scan and/or
2021 .pdf		Report	Report 2020-21	Conversion
EEO Report Elmira NY 2021-	Applicant	EEO Public File	Elmira-corning EEO Report	Done with Virus Scan and/or
22.pdf		Report	2021-22	Conversion