

Broadcast Equal Employment Opportunity **Program Report**

Licensee Name, Type and Contact Information

FRN: 0001947126 File Num		ile Number: 0000079587	Submit Date: 08/01/2	2019 Call Sign: WCPE	Facility ID: 18831 City:
RALEIGH State: NC					
Service: Full	Power FM	Purpose: EEO Report	Status: Received	Status Date: 08/01/2019	Filing Status: Active

General	Section	Question	Response
Information	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.	Educational Information Corporation - 2019 Broadcast EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
Educational Information Corporation Doing Business As: Educational Information Corporation	PO Box 828 Wake Forest, NC 27588 United States	+1 (919) 556-9273	generalmanager@theclassicalstation. org	COR

Contact	Contact Name	Address	Phone	Email		Contact Type
Representatives	Elizabeth E. Spainhour Legal Representative Brooks, Pierce, et al.	PO Box 1800 Raleigh, NC 27602 United States	+1 (919) 839-0300	espainh	our@brookspierce.com	Legal Representative
Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agree	ement

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
93744	WZPE	BATH	NC	No
18831	WCPE	RALEIGH	NC	No

Program Report	Section	Question	Response
Questions	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

Questions

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
Deborah Proctor	President

Response

Certification

Question

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 08/01

	/2019
Certified Title	President
Authorized Party Name	Deborah Proctor

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
2018 EEO Public File Report.	Applicant	EEO Public	2018 EEO Public File	Done with Virus Scan and
pdf		File Report	Report	/or Conversion
2019 EEO Public File Report.	Applicant	EEO Public	2019 EEO Public File	Done with Virus Scan and
pdf		File Report	Report	/or Conversion
WCPE 2019 Form 396	Applicant	Narrative	WCPE 2019 Form 396	Done with Virus Scan and
Narrative Exhibit.pdf		Statement	Narrative Exhibit	/or Conversion