

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: 0008627028 File Number: 0000110043 Submit Date: 03/30/2020 Call Sign: WKCS Facility ID: 22901 City:

KNOXVILLE State: TN

Service: Full Power FM Purpose: EEO Report Status: Received Status Date: 03/30/2020 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.	WKCS EEO Report - 3/29/20
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
FULTON HIGH SCHOOL Doing Business As: FULTON HIGH SCHOOL	Russell Mayes 2509 BROADWAY, N. E. KNOXVILLE, TN 37917 United States	+1 (865) 594- 1259	wkcs@knoxschools. org	GOE

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Russell Mayes Station Manager WKCS Radio, Fulton High School	Russell Mayes 2509 N. Broadway Knoxville, TN 37917 United States	+1 (865) 256- 3197	russell. mayes@knoxschools. org	Station Manager
CLIFTON G. MOOR Moor TECHNICAL CONSULTANT Bromo Communications	BROMO COMMUNICATIONS, INC. 3600 DALLAS HWY - STE 230 - PMB 164 MARIETTA, GA 30064 United States	+1 (404) 636- 2257	GIL@BROMOCOM. COM	Technical Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
22901	WKCS	KNOXVILLE	TN	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? Consider as "full-time" employees all those permanently working 30 or more hours a week?	Full-time Employees		Yes
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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	03/30 /2020
Certified Title	Station Manager
Authorized Party Name	Russell Mayes

Attachments

No Attachments.