

Broadcast Equal Employment Opportunity Program Report

 FRN:
 0005047105
 File Number:
 0000120045
 Submit Date:
 08/03/2020
 Call Sign:
 WMYT-TV
 Facility ID:
 20624

 City:
 ROCK HILL
 State:
 Scrvice:
 Full Service Television
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 08/03/2020
 Filing Status:

 Active
 Status
 Status
 Status
 Status
 Status
 Status

General	Section	Question	Response
Information	Attachments	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
Tribune Media Company	Elizabeth Ryder 545 E. JOHN CARPENTER FREEWAY SUITE 700 IRVING, TX 75062 United States	+1 (972) 373- 8800	eryder@nexstar. tv	COR

Contact Representatives	Contact Name	Address	I	Phone	Email	Contact Type
	Elizabeth Ryder Nexstar Broadcasting, Inc.	Elizabeth Ryder 545 E John Carpe Freeway SUITE 700 Irving, TX 75062 United States		+1 (972) 373- 8800	eryder@ne> tv	kstar. Legal Representative
Common Stations	Facility Identifier	Call Sign	City	State	Time Brokera	ige Agreement
	73152	WJZY	BELMONT	NC	No	
	20624	WMYT-TV	ROCK HILL	SC	No	
Program Report	Section	Question				Response
Questions	Discrimination Complain	this license ter jurisdiction und	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,			No

	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

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That Questions official's name and title are: Name Title General Manager **Ron Romines** 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** 08/03 /2020 **Certified Title** General Counsel Authorized Party Name Elizabeth Ryder Uploaded **Attachments File Name** By **Description Upload Status Attachment Type**

Applicant

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WJZY WMYT 2018 - 2019 EEO Report.

WJZY-WMYT 2019-2020 EEO Annual

WJZY WMYT License Renewal EEO

<u>pdf</u>

Report.pdf

Narrative.pdf

EEO Public File

EEO Public File

Report

Report

Narrative

Statement

Done with Virus Scan and/or

Done with Virus Scan and/or

Done with Virus Scan and/or

Conversion

Conversion

Conversion