

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0018223693** | File Number: **0000141444** | Submit Date: **03/29/2021** | Call Sign: **WYMT-TV** | Facility ID: **24915** |
 City: **HAZARD** | State: **KY**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **03/29/2021** | Filing Status: **Active**

General Information

Section	Question	Response
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
GRAY TELEVISION LICENSEE, LLC	WYMT-TV P.O. BOX 1299 HAZARD, KY 41701 United States	+1 (606) 436-5757	neil.middleton@wymt.com	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
JOAN STEWART WILEY REIN LLP	1776 K STREET, N.W. WASHINGTON, DC 20006 United States	+1 (202) 719-7438	JSTEWART@WILEY.LAW	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
24915	WYMT-TV	HAZARD	KY	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?	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
Neil Middleton	GM and Vice-President

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	03/29 /2021
Certified Title	Assistant Secretary
Authorized Party Name	Robert Folliard , III .

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>WYMT Narrative Statement.pdf</u>	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion
<u>WYMT-TV 2020 EEO Report.pdf</u>	Applicant	EEO Public File Report	2020 Public File Report	Done with Virus Scan and/or Conversion
<u>WYMT-TV 2021 EEO Report.pdf</u>	Applicant	EEO Public File Report	2021 Public File Report	Done with Virus Scan and/or Conversion