

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0005081609** File Number: **0000142474** Submit Date: **04/01/2021** Call Sign: **WKYU-TV** Facility ID: **71861** 

City: **BOWLING GREEN** State: **KY** 

Service: Full Service Television | Purpose: EEO Report | Status: Received | Status Date: 04/01/2021 | Filing Status:

**Active** 

## General Information

Section	Question	Response
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
WESTERN KENTUCKY UNIVERSITY State chartered educational institution	1906 COLLEGE HEIGHTS BLVD. #11034 BOWLING GREEN, KY 42101 United States	+1 (270) 745- 6140	david. brinkley@wku.edu	ОТН

#### Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
F. Scott Pippin Attorney Lerman Senter PLLC	2001 L Street, NW Suite 400 Washington, DC 20036 United States	+1 (202) 429-8970	spippin@lermansenter.com	Legal Representative

### **Common Stations**

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
71857	WDCL-FM	SOMERSET	KY	No
71856	WKYU-FM	BOWLING GREEN	KY	No
71859	W277AA	SOMERSET	KY	No
71864	WKPB	HENDERSON	KY	No
71860	WKUE	ELIZABETHTOWN	KY	No
153212	W275BT	FRANKFORT	KY	No
71861	WKYU-TV	BOWLING GREEN	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?
---

### 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
David Brinkley	Director of Educational Telecommunications

### 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	04/01/2021
Certified Title	Director, Educational Telecommunications
Authorized Party Name	David Brinkley

### **Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
WKYU-TV 2019-2020 EEO Public File Report.pdf	Applicant	EEO Public File Report	2019-2020 EEO Report	Done with Virus Scan and/or Conversion
WKYU-TV 2020-2021 EEO Public File Report.pdf	Applicant	EEO Public File Report	2020-21 EEO Report	Done with Virus Scan and/or Conversion
WKYU-TV EEO Program Narrative Statement.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion