

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0030297451** | File Number: **0000142101** | Submit Date: **03/31/2021** | Call Sign: **WCLJ-TV** | Facility ID: **68007**  
 City: **BLOOMINGTON** | State: **IN**  
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **03/31/2021** | 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
<b>INYO BROADCAST LICENSES LLC</b> Doing Business As: INYO BROADCAST LICENSES LLC	FCC Contact 3110 W California Avenue, Suite C Salt Lake City, UT 84104 United States	+1 (727) 350-1589	sclark@inyotv.com	LLC

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Shea Clark INYO Broadcast Licenses LLC	Shea Clark 3110 W California Ave Suite C Salt Lake City, UT 84104 United States	+1 (727) 350-1589	SClark@inyotv.com	Technical Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
68007	WCLJ-TV	BLOOMINGTON	IN	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?	Yes

## Certification

Question	Response
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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	03/31 /2021
Certified Title	EVP, Station Operations
Authorized Party Name	Shea Clark

**Attachments**

No Attachments.