

## (REFERENCE COPY - Not for submission) Broadcast Equal Employment Opportunity **Program Report** FRN: 0030297451 File Number: 0000142099 Submit Date: 03/31/2021 Call Sign: WUPX-TV Facility ID: 23128 City: **RICHMOND** State: **KY**

Service: Full Service Television Purpose: EEO Report Status: Received Status Date: 03/31/2021 Filing Status: Active

General Information	Section	Section Question		Response	
	Attachments	Are attachments (other than associat filed with this application?	Are attachments (other than associated schedules) being filed with this application?		
Licensee Information	Licensee Name, Ty	ype and Contact Information			
	Applicant	Address	Phone	Email	Applicant Type

Applicant	Address	FIIONE		туре
INYO BROADCAST LICENSES LLC	FCC Contact	+1 (727) 350-	sclark@inyotv.	LLC
Doing Business As: INYO BROADCAST	3110 W California Avenue,	1589	com	
LICENSES LLC	Suite C			
	Salt Lake City, UT 84104			
	United States			

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

Common	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
Stations	23128	WUPX-TV	RICHMOND	KY	No

**United States** 

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

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.