

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0003647906** | File Number: **0000174763** | Submit Date: **11/30/2021** | Call Sign: **WGMT** | Facility ID: **69938** | City:  
**LYNDON** | State: **VT**  
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **11/30/2021** | Filing Status: **Active**

## General Information

Section	Question	Response
<b>Application Description</b>	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	VBA South EEO Report
<b>Attachments</b>	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>Vermont Broadcast Associates, Inc.</b>	PO Box 97 Lyndonville, VT 05851 United States	+1 (802) 626-9800	brucejames.vba@gmail.com	COR

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
David D. Oxenford Wilkinson Barker Knauer LLP	1800 M Street, NW Suite 800N Washington, DC 20036 United States	+1 (202) 783-4141	doxenford@wbklaw.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
49401	WKXH	ST. JOHNSBURY	VT	No
49403	WSTJ	ST. JOHNSBURY	VT	No
69938	WGMT	LYNDON	VT	No

## Program Report Questions

Section	Question	Response
<b>Discrimination Complaints</b>	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
<b>Full-time Employees</b>	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
Bruce James	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	11/30 /2021
Certified Title	President
Authorized Party Name	Bruce James

**Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#"><u>VBA 2019-2020 EEO Annual Report.pdf</u></a>	Applicant	EEO Public File Report	VBA EEO Report 2019-2020 EEO Annual Report	Done with Virus Scan and/or Conversion
<a href="#"><u>VBA EEO Report 2020-2021.pdf</u></a>	Applicant	EEO Public File Report	VBA 2020-2021 EEO Annual Report	Done with Virus Scan and/or Conversion
<a href="#"><u>Vermont Broadcast Associates, Inc. EEO Narrative Statement.pdf</u></a>	Applicant	Narrative Statement	VBA EEO Narrative Statement	Done with Virus Scan and/or Conversion