



(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0001799964** | File Number: **0000082187** | Submit Date: **09/25/2019** | Call Sign: **WMFE-FM** | Facility ID: **12857**

City: **ORLANDO** | State: **FL**

Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/25/2019** | Filing Status: **Active**

General Information

Section	Question	Response
Application Description	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.	Schedule 396 - Community Communications - WMFE-FM and WMFV(FM)
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
COMMUNITY COMMUNICATIONS, INC. Doing Business As: COMMUNITY COMMUNICATIONS, INC.	11510 EAST COLONIAL DRIVE ORLANDO, FL 32817 United States	+1 (407) 273-2300	syasko@wmfe.org	NFP

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Brad C. Deutsch Garvey Schubert Barer	1000 Potomac St. NW Suite 200 Washington, DC 20007 United States	+1 (202) 298-1793	bdeutsch@gsblaw.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
12857	WMFE-FM	ORLANDO	FL	No
9714	WMFV	CEDAR CREEK	FL	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

Responsibility for Implementation

Questions

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
Becky Hutton	Human Resources Manager

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	09/25 /2019
Certified Title	Interim President and General Manager
Authorized Party Name	Stephen Yasko

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>Community Communications 2018 EEO Public File Report.pdf</u>	Applicant	EEO Public File Report		Done with Virus Scan and /or Conversion
<u>Community Communications 2019 EEO Public File Report.pdf</u>	Applicant	EEO Public File Report		Done with Virus Scan and /or Conversion
<u>Community Communications EEO Narrative.docx</u>	Applicant	Narrative Statement		Done with Virus Scan and /or Conversion