n			4	FOR FCC USE ONLY		
Federal Communications Commission Approved by ON Washington, D.C. 20554 3060-0113 (March 200				TOK FCC USE UNLY		
	F	CC 396				
	PROGR	MPLOYMENT OPPOR AM REPORT cast license renewal application)	FOR COMMISSION UFILE NO. B396 - 201203			
	Read INSTRUCTIO	NS Before Filling Out Form				
Section I						
Legal Name of the	he Licensee SHVILLE, LIMITE	TD.				
Mailing Address						
_	STREET, SUITE 1	10				
City NASHVILLE			State TN	e or Country (if for	eign address)	Zip Code 37203 -
Telephone Numb	ber (include area coo	de)	l II	ail Address (if ava NBELL@AOL.CO	,	
		Facility ID Number 12313	<u> 42</u>	<u></u>		Call Sign WMGC
TYPE OF BRO STATION: (if applicable)	0	mmercial Broadcast Station Radio TV Low Power TV International		Noncommercial E C Educational R C Educational T	adio	
Application Pur	1			I		
New Progra	•					
C Amendmen	nt to Program Report	t				
Also list stations operated pursuar agreement on thi compliance effor	s operated by the lice int to a time brokerage is report, responses of the at brokered static this a station or a gro	ions included on this statement. The sense pursuant to a time brokerage agreement. To the extent that for information provided in Sections, as well as any other stations out of commonly owned station	age agreement licensees included or s, included or	nt. Indicate on the telude stations operate h II should take into this form. For put	able below which ated pursuant to a co consideration the rposes of this form	stations are time brokerage ne licensee's EEO n, a station
		Station	n List			
Also list stations operated pursuar agreement on the as any other stati	s operated by the li nt to a time brokera is report, responses ions, included on th	ions included on this statement. Icensee pursuant to a time broke ge agreement. To the extent that should take into consideration to is form. For purposes of this format share at least one employee.	List commo kerage agreer at licensees in the licensee's rm, a station	ment. Indicate on nclude stations ope EEO compliance	the table below verated pursuant to efforts at brokere	which stations are a time brokerage d stations, as well
Call Sign F	Facility ID Number	Type (check applicable box)		ocation (ty/State)	Time Brokera	ge Agreement
		11 /		· /		ileable box)

1 of 3

Name			Street Address				
City NASHVILLE	State TN	Zip Code 3720 ÆILING INS	Telephone Number				
Broadcast station licensees are required to afford equal employment opportunity to all qualified persons and to refrain from discriminating in employment and related benefits on the basis of race, color, national origin, religion, and sex. See 47 C.F.R. Section 73.2080. Pursuant to these requirements, a license renewal applicant whose station employment unit employs five or more full-time station employees must file a report of its activities to ensure equal employment opportunity. If a station employment unit employs fewer than five full-time employees, no equal employment opportunity program information need be filed. If a station employment unit is filing a combined report, a copy of the report must be filed with each station's renewal application.							
	sanctions or li	cense renewal being	actions are required to obtain license regularies delayed or denied. These requirements 1934, as amended.				
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)?							
If so, provide a brief description of the complaint(s), including the persons involved, the date of the filing, the court or agency, the file number (if any), and the disposition or current status of the matter.							
[Exhibit 1]							
Does your station employment ur	Does your station employment unit employ fewer than five full-time employees? • Yes • No						
Consider as "full-time" employees all those permanently working 30 or more hours a week.							
If your station employment unit employs fewer than five full-time employees, complete the certification below, return the form to the FCC, and place a copy in your station(s) public file. You do not have to complete the rest of this form. If your station employment unit employs five or more full-time employees, you must complete all of this form and follow all instructions.							
CERTIFICATION.	CERTIFICATION.						
This report must be certified, as f	follows:						
 A. By licensee, if an individual; B. By a partner, if a partnership (general partner, if a limited partnership); C. By an officer, if a corporation or an association; or D. By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee. 							
WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).							
	ledge, inform	nation and belief, al	l statements contained in this report	are true and correct.			
Signed			Name of Respondent RANDOLPH V. BELL				
Title PRESIDENT			Telephone No. (include area code) 6158441039				
Date 03/26/2012							
<u> </u>							

The purpose of this document is to provide broadcast licensees, the FCC, and the public with information about whether the

2 of 3 2/24/2018, 1:04 PM

station is meeting equal employment opportunity requirements.

GENERAL POLICY

A broadcast station must provide equal employment opportunity to all qualified individuals without regard to their race, color, national origin, religion or sex in all personnel actions including recruitment, evaluation, selection, promotion, compensation, training and termination.

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: MR. TED JOHNSON	Title: VICE PRESIDENT

It is also the responsibility of all persons at a broadcast station making employment decisions with respect to recruitment, evaluation, selection, promotion, compensation, training and termination of employees to ensure that no person is discriminated against in employment because of race, color, religion, national origin or sex.

I. EEO PUBLIC FILE REPORT Attach as an exhibit one copy of each of the EEO public file reports from the previous two years. Stations are required to place annually such information as is required by 47 C.F.R. Section 73.2080 in their public files.	[Exhibit 2]
II. NARRATIVE STATEMENT Provide a statement in an exhibit which demonstrates how the station achieved broad and inclusive outreach during the two-year period prior to filing this application. Stations that have experienced difficulties in their outreach efforts should explain.	[Exhibit 3]

FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this report. We will use the information you provide to determine if the benefit requested is consistent with the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your request may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your request may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party to a proceeding before the body or has an interest in the proceeding. In addition, all information provided in this form will be available for public inspection. If you owe a past due debt to the federal government, any information you provide may also be disclosed to the Department of Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized. We have estimated that each response to this collection of information will average 5 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0113), Washington, D. C. 20554. We will also accept your comments via the Internet if you send them to jboley@fcc.gov. Remember - you are not required to respond to a collection of information sponsored by the Federal government,

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507.

Exhibits

3 of 3 2/24/2018, 1:04 PM