

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0113 (March 2003)	FOR FCC USE ONLY
FCC 396		
BROADCAST EQUAL EMPLOYMENT OPPORTUNITY PROGRAM REPORT (To be filed with broadcast license renewal application)		FOR COMMISSION USE ONLY FILE NO. -
Read INSTRUCTIONS Before Filling Out Form		

Section I

Legal Name of the Licensee
 STANLY COMMUNICATIONS, INC.

Mailing Address
 PO BOX 549
 1234 MAGNOLIA STREET

City ALBEMARLE	State or Country (if foreign address) NC	Zip Code 28002 - 0549
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Telephone Number (include area code) 7049831580	E-Mail Address (if available) MATTSMITH@1010WSPC.COM
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Facility ID Number 49044	Call Sign WZKY
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TYPE OF BROADCAST STATION: (if applicable)	Commercial Broadcast Station <input checked="" type="radio"/> Radio <input type="radio"/> TV <input type="radio"/> Low Power TV <input type="radio"/> International	Noncommercial Broadcast Station <input type="radio"/> Educational Radio <input type="radio"/> Educational TV
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Application Purpose

- New Program Report
- Amendment to Program Report

List call sign and location of all stations included on this statement. List commonly owned stations that share one or more employees. Also list stations operated by the licensee pursuant to a time brokerage agreement. Indicate on the table below which stations are operated pursuant to a time brokerage agreement. To the extent that licensees include stations operated pursuant to a time brokerage agreement on this report, responses or information provided in Sections I through II should take into consideration the licensee's EEO compliance efforts at brokered stations, as well as any other stations, included on this form. For purposes of this form, a station employment unit is a station or a group of commonly owned stations in the same market that share at least one employee.

[Stations Locations]

Station List

List call sign and location of all stations included on this statement. List commonly owned stations that share one or more employees. Also list stations operated by the licensee pursuant to a time brokerage agreement. Indicate on the table below which stations are operated pursuant to a time brokerage agreement. To the extent that licensees include stations operated pursuant to a time brokerage agreement on this report, responses should take into consideration the licensee's EEO compliance efforts at brokered stations, as well as any other stations, included on this form. For purposes of this form, a station employment unit is a station or a group of commonly owned stations in the same market that share at least one employee.

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	Time Brokerage Agreement (check applicable box)
WZKY	49044	<input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV	ALBEMARLE, NC	<input type="radio"/> Yes <input checked="" type="radio"/> No

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	Time Brokerage Agreement (check applicable box)

WSPC	49041	<input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV	ALBEMARLE, NC	<input type="radio"/> Yes <input checked="" type="radio"/> No
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CONTACT PERSON (OTHER THAN LICENSEE)
 The purpose of this document is to provide broadcast licensees, the FCC, and the public with information about whether the station is meeting equal employment opportunity requirements.

R. MATTHEW SMITH	Street Address PO BOX 550 1234 MAGNOLIA STREET
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GENERAL POLICY

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.

FILING INSTRUCTIONS

RESPONSIBILITY FOR IMPLEMENTATION

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. 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 public file. The employees to ensure that no person is discriminated against on the basis of race, color, national origin, religion or sex in any employment action. These requirements are contained in 47 C.F.R. Section 73.2080 and are authorized by the Communications Act of 1934, as amended.

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 file annually having competent jurisdiction under 47 C.F.R. Section 73.2080 in their public file alleging unlawful discrimination in the employment practices of the station(s)? Yes No [Exhibit 2]

II. NARRATIVE STATEMENT

Provide a brief narrative exhibit which describes, including the operation involved, the date of the filing, the court or agency, the file number (if any), and the disposition of the complaint. Stations that have experienced difficulties in their outreach efforts should explain.

[Exhibit 1]

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

Does your station employment unit employ fewer than five full-time employees? Yes No
 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 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 time for one or more full-time employees, you must complete all of this form and follow all instructions. 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, General Product 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, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0113. This report must be certified, as follows:

- CERTIFICATION:**
- A. By the 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.

Exhibits

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).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	Name of Respondent ROBERT MATTHEW SMITH
Title PRESIDENT	Telephone No. (include area code) 7049831580
Date 6/22/2011	