## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0006395925
 File Number:
 0000080728
 Submit Date:
 08/29/2019
 Call Sign:
 WUJC
 Facility ID:
 122209
 City:

 ST.
 MARKS
 State:
 FL

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 08/29/2019
 Filing Status:
 Active

Information A	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.	This is the EEO report for the license renewal of WUJC St. Marks, FL	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes	

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
CALVARY CHAPEL OF TWIN FALLS, INC. Doing Business As: CALVARY CHAPEL OF TWIN FALLS, INC.	Lois Mills P.O. BOX 391 TWIN FALLS, ID 83303 United States	+1 (208) 733- 3133	loism@csnradio. com	NFP

Contact Representatives	Contact Name		Address	Phone	Email	Contact Type
	LOIS L. MILLS APPLICATION TECHNICIAN CALVARY CHAPEL OF TWI FALLS, INC.	N IN	Lois Mills PO BOX 391 TWIN FALLS, ID 83303 United States	+1 (208) 733- 3133	LOISM@CSNRADIO. COM	Technical Representative
	CARY S. TEPPER , ESQ COMMUNICATIONS COUN TEPPER LAW FIRM, LLC	CEL	CARY TEPPER 4900 Auburn Avenue Suite 100 BETHESDA, MD 20814-2632 United States	+1 (208) 733- 3133	TEPPERLAW@AOL. COM	Legal Representative
Common Stations	Facility Identifier	Call Sig	<b>jn City</b> ST. MARKS	<b>State</b> FL	Time Brokerage Agree	ement

Program Report	Section	Question	Response
Questions	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	Question	Question				
	partner, trustee, authorized to sign on behalf of the party under 47 C.F.R. Section 1.2 certifies that he or she has r	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	Certified Date				
	Certified Title					
	Authorized Party Name			LOIS L.		

Attachments

No Attachments.