

Broadcast Equal Employment Opportunity **Program Report**

Licensee Name, Type and Contact Information

FRN: 0028718377 Fi	ile Number: 0000092054	Submit Date: 12/02/	2019 Call Sign: WKIH	Facility ID: 172182 City:
VIDALIA State: GA				
Service: Full Power FM	Purpose: EEO Report	Status: Received	Status Date: 12/02/2019	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.	EEO Report WKIH, Vidalia, GA FAC# 172182	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
MIDDLE GEORGIA COMMUNITY RADIO Doing Business As: MIDDLE GEORGIA COMMUNITY RADIO	Victor Vickers PO Box 1070 Douglas, GA 31534 United States	+1 (806) 340- 1284	VICTORV2112@GMAIL. COM	NFP

Contact Representatives	Contact Name	Address	Phone		Email	Contact Type
	Vern Egli Officer Middle Georgia Community Radio	Vern Egli 106 East Lake Street Lagrange, IN 46761 United States	+1 (806) 9 1284	340-	vernegli@gmail.com	n Manager
	GENE WISNIEWSKI CONSULTING ENGINEER Genew2012	Gene Wisniew 1472 E 3100 S Wendell, ID 8 United States	S 0472	944-	GENEW2012@gma com	il. Technical Representative
Common	Facility Identifier	Call Sign	City	State	Time Brokerage	Agreement
Stations	172182	WKIH	VIDALIA	GA	No	
Program Report Questions	Section	Question				Response
	Discrimination Complaints	Have any pendi	ng or resolved c	omplaints	been filed during	No

of the station(s)?

this license term before any body having competent jurisdiction under federal, state, territorial or local law,

alleging unlawful discrimination in the employment practices

	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				
	trustee, authorized employed behalf of the party filing the R. Section 1.23(a), who is a she has read the document;	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	Certified Title				
	Authorized Party Name	Authorized Party Name				

Attachments

No Attachments.