

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0010214310** | File Number: **0000100647** | Submit Date: **01/27/2020** | Call Sign: **WMSV** | Facility ID: **43173** | City: **STARKVILLE** | State: **MS**  
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **01/27/2020** | Filing Status: **Active**

## General Information

Section	Question	Response
<b>Application Description</b>	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
<b>Attachments</b>	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
<b>MISSISSIPPI STATE UNIVERSITY</b> Doing Business As: MISSISSIPPI STATE UNIVERSITY	Anthony Craven 295 Tracy Drive Mississippi State, MS 39762 United States	+1 (662) 325-8481	acraven@wmsv.msstate.edu	Company

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Anthony Craven General Manager MISSISSIPPI STATE UNIVERSITY	Anthony Craven 295 Tracy Drive Mississippi State, MS 39762 United States	+1 (662) 325-8481	acraven@wmsv.msstate.edu	General Manager

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
43173	WMSV	STARKVILLE	MS	No

## Program Report Questions

Section	Question	Response
<b>Discrimination Complaints</b>	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
<b>Full-time Employees</b>	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	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	01/27 /2020
Certified Title	General Manager
Authorized Party Name	Anthony Craven

**Attachments**

No Attachments.