

(REFERENCE COPY - Not for submission)
Broadcast Equal Employment Opportunity Program Report

FRN: **0001545607** | File Number: **0000118145** | Submit Date: **07/20/2020** | Call Sign: **WMWK** | Facility ID: **21010** | City: **MILWAUKEE** | State: **WI**
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **07/20/2020** | Filing Status: **Active**

Section	Question	Response
General Information	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.
	Attachments	Are attachments (other than associated schedules) being filed with this application?

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
	JENNIFER D. BURKHISER			
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Contact Name	Address	Phone	Email	Contact Type
MATTHEW H. MCCORMICK	MATTHEW H. MCCORMICK, ESQ.			
ESQ.	1300 NORTH 17TH STREET, 11TH FLOOR United States	+1 (703) 812-0438	MCCORMICK@FHHLAW.COM	Legal Representative
FLETCHER, HEALD & HILDRETH, P.L.C.	ARLINGTON, VA 22209 United States			

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
21010	WMWK	MILWAUKEE	WI	No

Section	Question	Response
Program Report 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)?
	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?

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	07/20/2020
Certified Title	PRESIDENT
Authorized Party Name	THOMAS EVANS

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
FSI Resolution of HQ Complaint.pdf	Applicant	Discrimination Complaints	FSI Resolution of HQ Complaint	Done with Virus Scan and/or Conversion