

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0006005672** | File Number: **0000121795** | Submit Date: **09/18/2020** | Call Sign: **KNWS** | Facility ID: **49784** | City: **WATERLOO** | State: **IA**  
 Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/18/2020** | 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.	KNWS & KNWS-FM EEO Report
Attachments	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>UNIVERSITY OF NORTHWESTERN-ST. PAUL</b> Doing Business As: UNIVERSITY OF NORTHWESTERN-ST. PAUL	3003 SNELLING AVE N SAINT PAUL, MN 55113 United States	+1 (651) 631-5009	sajones@unwsp.edu	NFP

**Contact Representatives**

Contact Name	Address	Phone	Email	Contact Type
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**Common Stations**

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
49784	KNWS	WATERLOO	IA	No
49786	KNWS-FM	WATERLOO	IA	No

Program Report Questions

Section	Question	Response
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?	No

Additional Program Report Questions

Responsibility for Implementation

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

Name	Title
Matt Deane	General Manager

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	09/18 /2020
Certified Title	President
Authorized Party Name	Alan S. Cureton

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">KNWS AM-FM EEO PF Report 2018-19.pdf</a>	Applicant	EEO Public File Report	2018-19 EEO PF Report	Done with Virus Scan and/or Conversion
<a href="#">KNWS AM-FM EEO PF Report 2019-20.pdf</a>	Applicant	EEO Public File Report	KNWS AM-FM EEO PF Report 2019-20	Done with Virus Scan and/or Conversion
<a href="#">KNWS AM-FM EEO Program Report (narrative statement).pdf</a>	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion