

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0005000526
 File Number:
 0000107264
 Submit Date:
 03/06/2020
 Call Sign:
 WSWI
 Facility ID:
 68924
 City:

 EVANSVILLE
 State:
 IN

 Service:
 Full Power AM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 03/06/2020
 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.	WSWI - EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
University of Southern Indiana Board of Trustees	c/o Station WSWI 8600 University Blvd. Evansville, IN 47712 United States	+1 (812) 461- 5201	jmmorris@usi. edu	GOE

full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?

Contact Representatives	Contact Name	Address		Phone		Email		Contact Type
	Matthew H McCormick , Esq . Fletcher, Heald & Hildreth, PLC	1300 N 17th 1100 Arlington, V/ United State		+1 (703 0400	3) 812-	mccormick@ com	fhhlaw.	Legal Representative
Common Stations	Facility Identifier	Call Sign	City		State	Time Broker	age Agre	ement
	68924	WSWI	EVANSVILLE		IN	No		
Program Report Questions	Section	Question					Respon	se
	Discrimination Complaints	this license jurisdiction alleging unl	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 s	station employme	ent unit er	mploy fewe	er than five	Yes	

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	03/06/2020
Certified Title	VP for Finance and Administration
Authorized Party Name	Steven Bridges

Attachments

No Attachments.