

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0003232543** File Number: **0000109981** Submit Date: **03/30/2020** Call Sign: **WEVL** Facility ID: **61272** City:

MEMPHIS State: TN

Service: Full Power FM Purpose: EEO Report Status: Received Status Date: 03/30/2020 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.	EEO Report Pre-License Renewal March 2020
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
SOUTHERN COMMUNICATION VOLUNTEERS, INC. Doing Business As: WEVL FM 89.9	Judy Dorsey P.O. BOX 40952 MEMPHIS, TN 38174 United States	+1 (901) 528- 0560	stnmgr@wevl. org	NFP

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Marjorie K. Conner,	Marjorie K. Conner, Esq.	+1 (703) 626-	mkc@sclgrp.	Legal
Esq	1101 PENNSYLVANIA AVENUE NW	6980	com	Representative
Attorney	STE 300			
Steimel Conner Law	WASHINGTON, DC 20004			
Group	United States			
Brian Craig	Brian Craig	+1 (901) 528-	briancraig@wevl.	Technical
CHIEF OPERATOR	PO Box 40952	0560	org	Representative
WEVL FM 89.9	Memphis, TN 38174			
	United States			

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
61272	WEVL	MEMPHIS	TN	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?	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	03/30 /2020
Certified Title	President, Board of Directors
Authorized Party Name	Steffen Schreiner

Attachments

No Attachments.