

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN:
0002765030
File Number:
0000114744
Submit Date:
05/28/2020
Call Sign:
WIAA
Facility ID:
28887
City:

INTERLOCHEN
State:
MI
State:
State:</t

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.	Schedule 396 - Broadcast EEO Program Report - Interlochen Center for the Arts - WIAA, WIAB, WHBP, WICA, WLMN	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
INTERLOCHEN CENTER FOR THE ARTS	PO BOX 199 INTERLOCHEN, MI 49643 United States	+1 (231) 276- 4400	ipr@interlochen. org	PNE

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Melodie A. Virtue Foster Garvey PC	1000 Potomac St. NW Suite 200 Washington, DC 20007 United States	+1 (202) 965-7880	melodie.virtue@foster.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
172572	WLMN	MANISTEE	MI	No
89497	WICA	TRAVERSE CITY	MI	No
172716	WHBP	HARBOR SPRINGS	MI	No
89513	WIAB	MACKINAW CITY	MI	No
28887	WIAA	INTERLOCHEN	MI	Yes

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 en full-time employees? those permanently w	? Consider a	as "full-time" employ	vees all	lo		
Additional Program Report	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							
	Peter Payette Executive Director							
	Question						Response	
Certification	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					05/28 /2020		
	Certified Title						Executive Director	
	Authorized Party Name						Peter Payette	
Attachments	File Name		Uploaded By	Attachment Type	Description	Upload Status		
	Interlochen Center for the Arts Annual EEO Report.pdf	2018-2019	Applicant	EEO Public File Report		Done with Virus /or Conversion	s Scan and	

Applicant

Applicant

EEO Public File

Report

Narrative

Statement

Done with Virus Scan and

Done with Virus Scan and

/or Conversion

/or Conversion

Interlochen Center for the Arts 2019-2020

Interlochen Center for the Arts EEO Narrative.pdf

Annual EEO Report.pdf