

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0007008469** | File Number: **0000115490** | Submit Date: **06/01/2020** | Call Sign: **WCFG** | Facility ID: **91422** | City: **SPRINGFIELD** | State: **MI**

Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **06/01/2020** | Filing Status: **Active**

## General Information

Section	Question	Response
<b>Application Description</b>	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.	Cornerstone University 2020 EEO Program Report
<b>Attachments</b>	Are attachments (other than associated schedules) being filed with this application?	Yes

## Licensee Information

### Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>CORNERSTONE UNIVERSITY</b> Doing Business As: CORNERSTONE UNIVERSITY	1159 E BELTLINE AVE NE GRAND RAPIDS, MI 49525 United States	+1 (616) 942-1500	chris.lemke@cornerstone.edu	PNE

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Davina S Sashkin Member FLETCHER, HEALD & HILDRETH, PLC	1300 N. 17th Street Suite 1100 Arlington, VA 22209 United States	+1 (703) 812-0400	sashkin@fhhlaw.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
91618	WCXB	BENTON HARBOR	MI	No
24786	WCXK	KALAMAZOO	MI	No
13935	WCSG	GRAND RAPIDS	MI	No
91422	WCFG	SPRINGFIELD	MI	No

## Program Report Questions

Section	Question	Response
<b>Discrimination Complaints</b>	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
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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
CHRIS Lemke	Executive Director

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	06/01 /2020
Certified Title	President
Authorized Party Name	Joseph Stowell

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">01431463.PDF</a>	Applicant	EEO Public File Report	2019 EEO Annual Report	Done with Virus Scan and/or Conversion
<a href="#">01431466.PDF</a>	Applicant	EEO Public File Report	2020 EEO Annual Report	Done with Virus Scan and/or Conversion
<a href="#">CU EEO Narrative 2020 (01427818xB3D1E).docx</a>	Applicant	Narrative Statement	EEO Narrative Statement	Done with Virus Scan and/or Conversion