

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0005007828** | File Number: **0000121220** | Submit Date: **09/08/2020** | Call Sign: **KWAY-FM** | Facility ID: **543** | City: **WAVERLY** | State: **IA**

Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/08/2020** | 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.	Equal Employment Report 2020
<b>Attachments</b>	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>AEL SUHR ENTERPRISES, INC.</b> Doing Business As: AEL SUHR ENTERPRISES, INC.	Ael Suhr P.O. BOX 307 WAVERLY, IA 50677 United States	+1 (319) 352-3550	aelsuhr@yahoo.com	COR

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Robert L. Olender , Esq. . Legal Representative Koerner & Olender P.C.	Robert L Olender Esq. 7020 Richard Drive Bethesda, MD 20817 United States	+1 (301) 468-3336	rolender.law@comcast.net	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
543	KWAY-FM	WAVERLY	IA	No
544	KWAY	WAVERLY	IA	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
<b>Full-time Employees</b>	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	09/08 /2020
Certified Title	President
Authorized Party Name	Ael Suhr

Attachments

No Attachments.