

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0019548965
 File Number:
 0000145699
 Submit Date:
 05/17/2021
 Call Sign:
 KUGO
 Facility ID:
 183305
 City:

 GRAND CANYON VILLAGE
 State:
 AZ

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status:
 05/17/2021
 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 ITM, KUGO, Grand Canyon Village, AZ FAC# 183305
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
ITM, LLC Doing Business As: ITM, LLC	Sanford Cohen PO Box 26523 PRESCOTT VALLEY, AZ 86312 United States	+1 (800) 264- 5449	sanford@kppv. com	LLC

Contact Representatives	Contact Name	Addres	SS	Phone	Email		Contact Type
	Mark Denbo Legal Counsel Smithwick & Belendiuk, P.C.	N.W. Suite 3 Washi	Wisconsin Avenue	+1 (202) 350- 9656	MDENBO@ COM	FCCWOR	LD. Legal Representative
	Gene Wisniewski CONSULTING ENGINEER GeneW2012	1472 E Wende	Wisniewski E 3100 S ell, ID 83355 I States	+1 (208) 733- 3551	genew2012	@gmail.co	m Technical Representative
Common Stations	Facility Identifier	Call Sigr	n City		State	Time Br	okerage Agreement
	183305	KUGO	GRAND CAN	YON VILLAGE	AZ	No	
Program Report Questions	Section	Q	uestion			F	Response
	Discrimination Compla	th ju	lave any pending or his license term befo urisdiction under fed lleging unlawful disc	ore any body havin eral, state, territori	g competent al or local law,		No

of the station(s)?

	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		
	trustee, authorized employee behalf of the party filing the re R. Section 1.23(a), who is au she has read the document;	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		05/17 /2021		
	Certified Title		Manager		
	Authorized Party Name		Sanford Cohen		

Attachments

No Attachments.