

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0021206529 F	ile Number: 0000186652	Submit Date: 03/15/2	2022 Call Sign: WIFT	Facility ID: 67696 City:	
DU BOIS State: PA					
Service: Full Power FM	Purpose: EEO Report	Status: Received	Status Date: 03/15/2022	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.	WIFT, WKFT,WPQP, WQQP, WCPA Renewal EEO Form
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
SOUTHERN BELLE, LLC Doing Business As: SOUTHERN BELLE, LLC	115 WEST MAIN ST. Frankfort, KY 40601 United States	+1 (502) 875- 1130	Kristin@capcityradio. com	LLC

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Allan G. Moskowitz , Esq Attorney Allan G. Moskowitz, Esq.	Allan G Moskowitz, Esq. 10845 TUCKAHOE WAY NORTH POTOMAC, MD 20878 United States	+1 (301) 908- 4165	AMOSKOWITZ@AMOSKOWITZLAW. COM	Legal Representative

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
11982	WCPA	CLEARFIELD	PA	No
11981	WPQP	CLEARFIELD	PA	No
165990	WKFT	STRATTANVILLE	PA	No
67696	WIFT	DU BOIS	PA	No
170958	WQQP	SYKESVILLE	PA	No

Program Report Questions

Common Stations

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 fiveNofull-time employees? Consider as "full-time" employees allthose permanently working 30 or more hours a week?					
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	Name Title					
	Kristin Cantrell	President/Manager					
	Question		Response				
Certification	The undersigned certifies the trustee, authorized employed behalf of the party filing the R. Section 1.23(a), who is a	hat he or she is (a) the party filing the report, or an officer, director, member, partner, ee, or other individual or duly elected or appointed official who is authorized to sign on report; or (b) an attorney qualified to practice before the Commission under 47 C.F. authorized to represent the party filing the report, and who further certifies that he or r; that to the best of his or her knowledge, information, and belief there is good ground ot interposed for delay					
	Certified Date		03/15 /2022				
	Certified Title						
	Authorized Party Name		Kristin Cantrell , I .				

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
WIFT,WKFT,WPQP,WQQP, WCPA 2020-21 EEO Report.pdf	Applicant	EEO Public File Report	WIFT, WKFT, WPQP, WQQP, WCPA 2020-21 EEO Report	Done with Virus Scan and/or Conversion
WIFT, WKFT, WPQP, WQQP, WCPA 2021-22 EEO Report.pdf	Applicant	EEO Public File Report	WIFT, WKFT, WQQP, WPQP, WCPA 2021-22 EEO Report	Done with Virus Scan and/or Conversion
WIFT,WKFT,WPQP,WQQP, WCPA EEO Outreach 2020-21.pdf	Applicant	Narrative Statement	WIFT, WKFT, WPQP,WQQP, WCFT Outreach 2020-21	Done with Virus Scan and/or Conversion
WIFT, WKFT, WPQP, WQQP, WCPA Outreach 2021-22.pdf	Applicant	Narrative Statement	WIFT, WKFT, WPQP, WQQP, WCPA EEO Outreach	Done with Virus Scan and/or Conversion