

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0019913284
 File Number:
 0000187423
 Submit Date:
 03/28/2022
 Call Sign:
 WICU-FM
 Facility ID:
 189528

 City:
 LAWRENCE PARK
 State:
 PA

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status:
 03/28/2022
 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.	EEO Program Report - WICU-FM (Apr. 1, 2022)	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
SJL OF PENNSYLVANIA, INC. Doing Business As: SJL OF PENNSYLVANIA, INC.	3514 STATE STREET ERIE, PA 16508 United States	+1 (814) 454- 5201	LORIF@WICU12. COM	COR

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	DAVID D. BURNS MEMBER LERMAN SENTER PLLC	2001 L STREET NW, SUITE 400 WASHINGTON, DC 20036 United States	+1 (202) 416- 6752	DBURNS@LERMANSENTER. COM	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	189528	WICU-FM	LAWRENCE PARK	PA	No

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 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

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				
	Brian Lilly		President				
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							
	Certified Title						
	Authorized Party Name					Brian M Lilly	
Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status		
	WICU- FM Narrative Stmt for EEO Program Report.	Applicant	All Purpose		Done with Virus Sc Conversion	an and/or	

<u>pdf</u>