

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0006031108
 File Number:
 0000187989
 Submit Date:
 03/31/2022
 Call Sign:
 WKVA
 Facility ID:
 9948
 City:

 LEWISTOWN
 State:
 PA

 Service:
 Full Power AM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 03/31/2022
 Filing Status:
 Active

General	Section	Question	Response	
Information	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.	2022 EEO FCC Form 396-A	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
WVNW, INC. Doing Business As: WVNW, INC.	114 NORTH LOGAN BOULEVARD BURNHAM, PA 17009	+1 (717) 242- 1493	apeiffer@nmax. net	COR

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Dan J Alpert Legal Counsel The Law Office of Dan J. Alpert	2120 N. 21st Rd. Arlington, VA 22201 United States	+1 (703) 243-8690	dja@commlaw.tv	Legal Representative

**United States** 

Common	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
Stations	9948	WKVA	LEWISTOWN	PA	No
	74172	WVNW	BURNHAM	PA	No
	42133	WCHX	LEWISTOWN	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	

Program Report Questions	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	Title			
	Anthony Peiffer		General Mar	ager		
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					03/31 /2022
	Certified Title					President
	Authorized Party Name					Anna Hain
Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status	
	2021 ECC EEC Public Ello	Applicant	EEO Dublic Eilo		Dono with Virus Soon or	d/or

	File Name	Ву	Attachment Type Description		Upload Status	
-	2021 FCC EEO Public Flle Report.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion	
	2022 FCC EEO Public File Report.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion	
	NARRATIVE STATEMENT.pdf	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion	