

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0010694776	File Number: 0000102029	Submit Date: 01/30/20	Call Sign: WUSM-	FM Facility ID: 69214
City: HATTIESBURG	State: MS			
Service: Full Power FI	Purpose: EEO Report	Status: Received	Status Date: 01/30/2020	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.	2020 EEO Program report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
UNIVERSITY OF SOUTHERN MISSISSIPPI Doing Business As: UNIVERSITY OF SOUTHERN MISSISSIPPI	Wilbur Martin 118 COLLEGE DR. #5121 HATTIESBURG, MS 39406 United States	+1 (601) 266- 5696	wilbur. martin@usm.edu	GOE

Contact Representatives	Contact Name	Ad	ldress	Phone	Email	Contact Type
	Sean McGuinness lawyer Butler Snow LLC	, C Su De	801 California Street, , CO 80202 uite 5100 enver, CO 80202 nited States	+1 (770) 330-2389	Sean. McGuinness@butlersnow. com	Legal Representative
	RYAN WILHOUR CONSULTING ENGINEEF KESSLER AND GEHMAN ASSOCIATES, INC.	R SU I G/ 32	07 NW 60TH STREET UITE C AINESVILLE, FL 2607 nited States	+1 (352) 332-3157	RWILHOUR@BELLSOUTH. NET	Technical Representative
Common Stations	Facility Identifier 69214	Call Sign WUSM-FN	City M HATTIESBUR(Sta G MS	00	ement

Program Report	Section	Question	Response
Questions	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?	Yes	
Certification	Question		Re	sponse
	trustee, authorized employed behalf of the party filing the R. Section 1.23(a), who is a 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			/30 020
	Certified Title			eneral anager
	Authorized Party Name			ilbur artin
Attachmonto	No Attachments.			

Attachments