

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0003784428
 File Number:
 0000120902
 Submit Date:
 08/28/2020
 Call Sign:
 KWIT
 Facility ID:
 71839
 City:

 SIOUX CITY
 State:
 IA

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status:
 Date:
 08/28/2020
 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.	Schedule 396 - EEO filing	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
WESTERN IOWA TECH COMMUNITY COLLEGE	Mark Munger PO Box 5199 Sioux City, IA 51106 United States	+1 (712) 274- 8733	mark.munger@witcc. edu	GOE

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Melody Virtue Foster Garvey PC	1000 Potomac Street N.W. Suite 200 Washington, DC 20007-3501 United States	+1 (202) 298-2527	melodie.virtue@foster.com	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	123310	KOJI	OKOBOJI	IA	No
	71839	KWIT	SIOUX CITY	IA	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?	Yes

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	08/28 /2020
Certified Title	General Manager
Authorized Party Name	Mark Plambeck Munger

Attachments

No Attachments.