

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0005941323** | File Number: **0000154790** | Submit Date: **07/30/2021** | Call Sign: **WSIU-TV** | Facility ID: **4297** | City: **CARBONDALE** | State: **IL**

Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **07/30/2021** | Filing Status: **Active**

## General Information

Section	Question	Response
<b>Attachments</b>	Are attachments (other than associated schedules) being filed with this application?	Yes

## Licensee Information

### Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>BOARD OF TRUSTEES OF SOUTHERN ILLINOIS UNIVERSITY</b>	Jak Tichenor 1003 COMMUNICATIONS BUILDING MAILCODE 6602 CARBONDALE, IL 62901 United States	+1 (618) 453-6181	jak.tichenor@wsiu.org	GOE

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Melodie A. Virtue FCC Counsel Foster Garvey PC	1000 Potomac St., NW Suite 200 Washington, DC 20007 United States	+1 (202) 298-2527	melodie.virtue@foster.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
71561	WQEC	QUINCY	IL	No
4297	WSIU-TV	CARBONDALE	IL	No
70536	WSEC	JACKSONVILLE	IL	No
4301	WUSI-TV	OLNEY	IL	No
70537	WMEC	MACOMB	IL	No

## Program Report Questions

Section	Question	Response
<b>Discrimination Complaints</b>	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
<b>Full-time Employees</b>	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
Connie Johnson	Associate Director for Finance and Administration

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	07/30 /2021
Certified Title	Chancellor
Authorized Party Name	Austin Lane

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">EEO Narrative Statement.pdf</a>	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion
<a href="#">SIU 2020 Annual EEO Public File Report.pdf</a>	Applicant	EEO Public File Report	2020 Annual EEO Public File Report	Done with Virus Scan and/or Conversion
<a href="#">SIU 2021 Annual EEO Public File Report.pdf</a>	Applicant	EEO Public File Report	2021 Annual EEO Public File Report	Done with Virus Scan and/or Conversion