Approved by OMB (Office of Management and Budget) | OMB Control Number 3060-0113

Federal Communications Commission

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0006648877** | File Number: **0000183566** | Submit Date: **01/31/2022** | Call Sign: **WJFF** | Facility ID: **54516** | City: **JEFFERSONVILLE** | State: **NY**

Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **01/31/2022** | 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.	Radio Catskill - Broadcast Equal Employment Opportunity Program Report
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
Radio Catskill, Inc.	PO Box 546 Jeffersonville, NY 12748 United States	+1 (845) 482-4141	tim@wjffradio.org	NFP

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Brad Deutsch Counsel Foster Garvey P.C.	Brad Deutsch 1000 Potomac St., NW Suite 200 Washington, DC 20007 United States	+1 (202) 298-1793	brad.deutsch@foster.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
54516	WJFF	JEFFERSONVILLE	NY	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

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	01/31 /2022
Certified Title	President of the Board of Trustees
Authorized Party Name	Kirsten Foster

Attachments

No Attachments.