

## Broadcast Equal Employment Opportunity Program Report

FRN: 0002148864 F	ile Number: 0000072316	Submit Date: <b>05/02/</b>	2019 Call Sign: WPZR	Facility ID: 88666 City:
EMPORIA State: VA				
Service: Full Power FM	Purpose: EEO Report	Status: Received	Status Date: 05/06/2019	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.	EEO Report for WJYA - WOKD - WOKG -WPAR - WPIM - WPIN - WPVA - WPIB
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Informatio

Licensee Name, Type and Contact Information	
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Applicant	Address	Phone	Email	Applicant Type
POSITIVE ALTERNATIVE RADIO, INC. Doing Business As: POSITIVE ALTERNATIVE	Edward A. Baker P.O. BOX 889	+1 (540) 552- 4252	eddie@spiritfm. com	NFP
RADIO, INC.	BLACKSBURG, VA 24063			
	United States			

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Cary S. Tepper Communications Counsel Tepper Law Firm, LLC	Cary S. Tepper 4900 Auburn Avenue Suite 100 Bethesda, MD 20814-2632 United States	+1 (301) 718-1818	tepperlaw@aol.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
87377	WOKG	GALAX	VA	No
40508	WPIM	MARTINSVILLE	VA	No
53098	WPIB	BLUEFIELD	WV	No
53090	WPIN-FM	DUBLIN	VA	No
53097	WPAR	SALEM	VA	No
53099	WPVA	WAYNESBORO	VA	No
88666	WJYA	EMPORIA	VA	No
82092	WOKD-FM	DANVILLE	VA	No

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

A. Baker

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	05/02 /2019
Certified Title	President
Authorized Party Name	Edward

Attachments

No Attachments.