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Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0004121000 F	File Number: 0000136940	Submit Date: 02/24/20	021 Call Sign: KLLR	Facility ID: 91595 City:
DRIPPING SPRINGS	State: TX			
Service: Full Power FM	Purpose: EEO Report	Status: Received	Status Date: 02/24/2021	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.	KLLR (91595) EEO filing for Texas License Renewal 2021
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
EDUCATIONAL MEDIA	DEVONA	+1 (916) 251-	EFILE@EMFBROADCASTING.	NFP
FOUNDATION	PORTER	1600	СОМ	
	5700 W. OAKS			
	BLVD			
	ROCKLIN, CA			
	95765			
	United States			

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	MARY O'CONNOR WILKINSON BARKER KNAUER, LLP	MARY O'CONNOR 1800 M STREET, N.W., SUITE 800N WASHINGTON, DC 20036 United States	+1 (202) 383-3351	MOCONNOR@WBKLAW.COM	Legal Representative
	JAMES TRAVIS FCC COMPLIANCE ENGINEER EDUCATIONAL MEDIA FOUNDATION	JAMES L TRAVIS 5700 WEST OAKS BLVD ROCKLIN, CA 95765 United States	+1 (916) 251-1600	EFILE@EMFBROADCASTING. COM	Technical Representative

Common	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
Stations	91595	KLLR	DRIPPING SPRINGS	ТХ	No

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	Question					
	trustee, authorized employe 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	Certified Date					
	Certified Title		C	EO			
	Authorized Party Name			on /illiam eeves			

Attachments