

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0005373659 F	Tile Number: 0000145365	Submit Date: 05/13/	2021 Call Sign: KWPR	Facility ID: 90472 City:
LUND State: NV				
Service: Full Power FM	Purpose: EEO Report	Status: Received	Status Date: 05/13/2021	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.	KWPR Lund/Ely EEO Program Report	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
NEVADA PUBLIC RADIO Doing Business As: NEVADA PUBLIC RADIO	Rachel Christiansen 1289 S TORREY PINES DR LAS VEGAS, NV 89146 United States	+1 (702) 258- 9895	rachel@nevadapublicradio. org	NFP

Contact Representatives	Contact Name	Address	Phone		Email		Contact Type
	Rachel Christiansen Broadcast Operations Manager Nevada Public Radio	Rachel Christiansen 1289 S. Torrey Pines Las Vegas, NV 89146 United States) 258-	rachel@nevadapub org	blicradio.	Technical Representative
	Barry Persh Gray Miller Persh LLP	Barry Persh 2233 Wisconsin Avenue NW Suite 226 Washington, DC 2000 United States	+1 (202 2458 7) 776-	bpersh@graymillerp com	persh.	Legal Representative
Common Stations	Facility Identifier	Call Sign C	ity	State	Time Brokerage	Agreeme	nt
	90472	KWPR L	UND	NV	No		
Program Report Questions	Section	Question				Respon	se
	Discrimination Complaints	Have any pending or resolved complaints been filed during this license term before any body having competent			No		

of the station(s)?

jurisdiction under federal, state, territorial or local law,

alleging unlawful discrimination in the employment practices

	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		
	partner, trustee, authorized authorized to sign on behal Commission under 47 C.F.I who further certifies that he	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			05/13/2021		
	Certified Title			Broadcast Operations Manager		
	Authorized Party Name			Rachel		

Attachments