

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0004121000
 File Number:
 0000177612
 Submit Date:
 12/21/2021
 Call Sign:
 WLRB
 Facility ID:
 51575
 City:

 OCEAN CITY
 State:
 NJ

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status:
 Date:
 12/21/2021
 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.	WLRB (51575) EEO filing for License Renewal	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
EDUCATIONAL MEDIA FOUNDATION Doing Business As: EDUCATIONAL MEDIA FOUNDATION	DEVONA PORTER 5700 WEST OAKS BOULEVARD ROCKLIN, CA 95765 United States	+1 (916) 251-1600	EFILE@EMFBROADCASTING. COM	NFP

Contact Representatives	Contact Name	Address		Phone	Er	mail		Contact Type
	MARY O'CONNOR WILKINSON BARKER KNAUER, LLP	MARY O'COI 1800 M STRI SUITE 800N WASHINGTO 20036 United States	EET, N.W., DN, DC	+1 (202) 383-3351		IOCCONOR@WB	SKLAW.COM	Legal Representative
	JAMES TRAVIS FCC COMPLIANCE ENGINEER EDUCATIONAL MEDIA FOUNDATION	JAMES L TR 5700 WEST (ROCKLIN, C United States	OAKS BLVD. A 95765	+1 (916) 251-1600		FILE@EMFBROA	DCASTING.	Technical Representative
Common Stations	Facility Identifier	Call Sign	City		State	Time Brokera	age Agreeme	nt
	51575	WLRB	OCEAN CIT	ſΥ	NJ	No		
Program Report	Section	Question					Response	
Questions	Discrimination Complaints	s Have any p	ending or reso	lved compla	aints bee	en filed during	No	

of the station(s)?

this license term before any body having competent 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	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			12/21 /2021			
	Certified Title			CEO			
	Authorized Party Name			Jon William Reeves			

Attachments