

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0006920201
 File Number:
 0000103733
 Submit Date:
 01/31/2020
 Call Sign:
 KAAB
 Facility ID:
 39607
 City:

 BATESVILLE
 State:
 AR

 Service:
 Full Power AM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 01/31/2020
 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.	2020 EEO Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
WRD ENTERTAINMENT, INC. Doing Business As: WRD ENTERTAINMENT, INC.	920 Harrison Street Ste. C BATESVILLE, AR 72501 United States	+1 (870) 793- 4196	chadwrde@yahoo. com	COR

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Davina S. Sashkin FLETCHER HEALD & HILDRETH, PLC	1300 N 17th Street Suite 1100 Arlington, VA 22209 United States	+1 (703) 812- 0400	sashkin@fhhlaw. com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
72262	KZLE	BATESVILLE	AR	No
86169	KKIK	HORSESHOE BEND	AR	No
85325	KBTA-FM	BATESVILLE	AR	No
72260	KBTA	BATESVILLE	AR	No
39607	KAAB	BATESVILLE	AR	No
46336	KWOZ	MOUNTAIN VIEW	AR	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?	No	

Responsibility for Implementation Additional **Program Report** A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That Questions official's name and title are: Title Name Chad Whiteaker General Manager Question Response Certification 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 /2020 **Certified Title** General Manager Authorized Party Name Chad Whiteaker

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
WRDE EEO Narrative Statement.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and /or Conversion
WRDE Stations' 2018-2019 EEO	Applicant	EEO Public	2018-2019 EEO	Done with Virus Scan and
Public File Report.pdf		File Report	Public File Report	/or Conversion
WRDE Stations' 2019-2020 EEO	Applicant	EEO Public	2019-2020 EEO	Done with Virus Scan and
Public File Report.pdf		File Report	Public File Report	/or Conversion