

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0004121000
 File Number:
 0000105824
 Submit Date:
 02/11/2020
 Call Sign:
 WQRA
 Facility ID:
 93526
 City:

 GREENCASTLE
 State:
 IN
 State:
 IN
 Facility ID:
 93526
 City:

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status:
 Date:
 02/11/2020
 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.	WQRA (93526) EEO filing for License Renewal 2020
	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 BLVD ROCKLIN, CA 95765 United States	+1 (916) 251-1600	EFILE@EMFBROADCASTING. COM	NFP

Contact	Contact Name	Address		Phone	Email			Contact Type
Representatives	MARY O'CONNOR WILKINSON BARKER KNAUER, LLP	MARY O'O 1800 M. S SUITE 800 WASHING 20036 United Sta	TREET, N.W., DN GTON, DC	+1 (202) 383-3351	MOC	ONNOR@WE	BKLAW.COM	Legal Representative
	JAMES TRAVIS FCC COMPLIANCE ENGINEER	JAMES L 5700 WES BLVD		+1 (916) 251-1600	EFILE COM		ADCASTING.	Technical Representative
	EDUCATIONAL MEDIA FOUNDATION, LLC		, CA 95765 Ites					
Common	Facility Identifier	Call Sign	City		State	Time Broke	erage Agreem	ent
Stations	93526	WQRA	GREENCAST	LE	IN	No		
Program Report	Section	Question					Response	
Questions	Discrimination Complaints	this license jurisdiction	bending or resol e term before an under federal, s lawful discrimina	y body having tate, territoria	g compete al or local	ent law,	No	

of the station(s)?

	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				
	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		02/11 /2020			
	Certified Title		CEO			
	Authorized Party Name		Jon Willia Reeve			

Attachments