



(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0011281797** | File Number: **0000178787** | Submit Date: **01/05/2022** | Call Sign: **WLPW** | Facility ID: **54653** | City: **LAKE PLACID** | State: **NY**

Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **01/05/2022** | 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.	NCR Employment Report
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
NORTH COUNTRY RADIO CORP. Doing Business As: NORTH COUNTRY RADIO, INC.	Jonathan Becker 800 VILLAGE WALK #258 GUILFORD, CT 06437 United States	+1 (203) 550-7111	JBECKER@WSLPFM.COM	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
JONATHAN BECKER Becker President NORTH COUNTRY RADIO, INC.	Jonathan Becker 800 Village Walk #258 Guilford, CT 06437 United States	+1 (203) 550-7111	JBECKER@WSLPFM.COM	Legal Representative
DENNIS JACKSON Jackson TECHNICAL CONSULTANT Technical Consultant	19 BOAS LN WILTON, CT 06897 United States	+1 (203) 762-9425	WWDJ@OPTIMUM.NET	Technical Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
54653	WLPW	LAKE PLACID	NY	No
56078	WRGR	TUPPER LAKE	NY	No
166029	WSLP	RAY BROOK	NY	No
202111	W237EY	SARANAC LAKE	NY	No
73314	WVSL	SARANAC LAKE	NY	No

Program Report Questions

Section	Question	Response
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<b>Discrimination Complaints</b>	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
<b>Full-time Employees</b>	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
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	01/05 /2022
Certified Title	President
Authorized Party Name	Jonathan Becker

Attachments

No Attachments.