Federal Commun Washington, D.C	nications Commission	Approved 3060-0113 (Mar		FOR FCC USE (	DNLY	
Washington, D.O	FCC :	•	CII 2003)			
OF	COADCAST EQUAPPORTUNITY PROfiled with broadcast lice	FOR COMMISSION USE ONLY FILE NO. B396 - 20040520AIA				
	ad INSTRUCTIONS B	efore Filling Out Form				
<b>Section I</b> Legal Name of MINNESOTA	of the Licensee PUBLIC RADIO					
Mailing Addre 45 EAST SE\	ess /ENTH STREET					
City ST. PAUL			State or Country (if foreign Zip Code address) 55101 - MN			
Telephone Νι 6512901259	umber (include area co	ode)		Address (if av MLING@MPF		
		Facility ID Number 42913		Call Sign WGGL-F		
TYPE OF BR STATION: (if applicable)	C Rad C TV C Lov	ercial Broadcast Station dio v Power TV ernational		Noncommer Education	nal Radio	st Station
Application F  New Prog	gram Report					
	ent to Program Repor	·			· · · · · · · · · · · · · · · · · · ·	
List call sign and location of all stations included on this statement. List commonly owned stations that share one or more employees. Also list stations operated by the licensee pursuant to a time brokerage agreement. Indicate on the table below which stations are operated pursuant to a time brokerage agreement. To the extent that licensees include stations operated pursuant to a time brokerage agreement on this report, responses or information provided in Sections I through II should take into consideration the licensee's EEO compliance efforts at brokered stations, as well as any other stations, included on this form. For purposes of this form, a station employment unit is a station or a group of commonly owned stations in the same market that share at least one employee.						
[Stations Loca	ations]					
Station List						
List call sign and location of all stations included on this statement. List commonly owned stations that share one or more employees. Also list stations operated by the licensee pursuant to a time brokerage agreement. Indicate on the table below which stations are operated pursuant to a time brokerage agreement. To the extent that licensees include stations operated pursuant to a time brokerage agreement on this report, responses should take into consideration the licensee's EEO compliance efforts at brokered stations, as well as any other stations included on this form. For purposes of this form, a station employment unit is a station or a group of commonly owned stations in the same market that share at least one employee.						
Call Sign	Facility ID Number	Type (check applicable box)		ocation ity/State)		erage Agreement pplicable box)

WGGL-FM	42913		` АМ ҈ БМ С Т	v_	HOUG	SHTON	, MI		C Yes	o No	
CONTACT PERSON IF OTHER THAN LICENSEE											
Name TODD M STANSBURY, ESQ.				Street Address 1776 K STREET NW SUITE 500							
City WASHINGTO		State DC			phone I 194948	Numbei 8	r				
FILING INSTRUCTIONS											
refrain from di and sex. See station employ ensure equal no equal empl combined repo A copy of this	scriminating in 47 C.F.R. Sector when the unit employment operation of the control of the contro	employmetion 73.208 ploys five opportunity. tunity programe report me kept in the	ed to afford equal eart and related be to Dersuant to the remove full-time station employers information near the station's public features.	nefits ese re ation ymer eed b each	on the equirem employ to unit e pe filed. station!	e basis of nents, a yees mu employs If a sta s renew	of race, license ust file a fewer t ition em val appl	color, e reneva report than five ploymulication	nationa wal app rt of its ve full-ti nent unif n.	al origin, licant wh activities ime emp t is filing license	religion, nose s to loyees, a
renewal. Failure to meet these requirements may result in sanctions or license renewal being delayed or denied. These requirements are contained in 47 C.F.R. Section 73.2080 and are authorized by the Communications Act of 1934, as amended.  DISCRIMINATION COMPLAINTS. Have any pending or resolved complaints been filed Organ No 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)?  If so, provide a brief description of the complaint(s), including the persons involved, the date of the filing, the											
court or agency, the file number (if any), and the disposition or current status of the matter.											
[Exhibit 1]											
Does your station employment unit employ fewer than five full-time employees? • Yes C No											
Consider as "full-time" employees all those permanently working 30 or more hours a week.											
If your station employment unit employs fewer than five full-time employees, complete the certification below, return the form to the FCC, and place a copy in your station(s) public file. You do not have to complete the rest o this form. If your station employment unit employs five or more full-time employees, you must complete all of this form and follow all instructions.											
CERTIFICATION. This report must be certified, as follows:											
<ul><li>A. By licensee, if an individual;</li><li>B. By a partner, if a partnership (general partner, if a limited partnership);</li><li>C. By an officer, if a corporation or an association; or</li><li>D. By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.</li></ul>											

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.				
	Name of Respondent THOMAS J KIGIN			
	Telephone No. ( include area code) 6512901554			
Date 5/20/2004				

The purpose of this document is to provide broadcast licensees, the FCC, and the public with information about whether the station is meeting equal employment opportunity requirements.

## **GENERAL POLICY**

A broadcast station must provide equal employment opportunity to all qualified individuals without regard to their race, color, national origin, religion or sex in all personnel actions including recruitment, evaluation, selection, promotion, compensation, training and termination.

## RESPONSIBILITY FOR IMPLEMENTATION

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

Name:	Title:

It is also the responsibility of all persons at a broadcast station making employment decisions with respect to recruitment, evaluation, selection, promotion, compensation, training and termination of employees to ensure that no person is discriminated against in employment because of race, color, religion, national origin or sex.

I. EEO PUBLIC FILE REPORT  Attach as an exhibit one copy of each of the EEO public file reports from the previous two years. Stations are required to place annually such information as is required by 47 C.F.R. Section 73.2080 in their public files.	[Exhibit 2]
II. NARRATIVE STATEMENT  Provide a statement in an exhibit which demonstrates how the station achieved broad and inclusive outreach during the two-year period prior to filing this application. Stations that have experienced difficulties in their outreach efforts should explain.	[Exhibit 3]

## FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this report. We will use the information you provide to determine if the benefit requested is consistent with the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your request may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your request may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party to a proceeding before the body or has an interest in the proceeding. In addition, all information provided in this form will be available for public inspection. If you owe a past due debt to the federal government, any information you provide may also be disclosed to the Department of Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized. We have estimated that each response to this collection of information will average 5 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0113), Washington, D. C. 20554. We will also accept your comments via the Internet if you send them to jboley@fcc.gov. Remember - you are not required to respond to a collection of information sponsored by the Federal government,

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Exhibits	