

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0030479497
 File Number:
 0000123269
 Submit Date:
 09/30/2020
 Call Sign:
 KIIK-FM
 Facility ID:
 12234
 City:

 DE WITT
 State:
 IA

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status:
 Date:
 09/30/2020
 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?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
TOWNSQUARE MEDIA QUAD	1	+1 (203)	Christopher.	LLC
CITIES LICENSE, LLC	MANHATTANVILLE	861-0900	Kitchen@townsquaremedia.	
	ROAD		com	
	SUITE 202			
	PURCHASE, NY			
	10577			
	United States			

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Howard M. Liberman Counsel Wilkinson Barker Knauer, LLP	1800 M Street, NW Suite 800N Washington, DC 20036 United States	+1 (202) 383- 3373	hliberman@wbklaw. com	Legal Representative

Common
Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
13666	KBEA-FM	MUSCATINE	IA	No
12234	KIIK-FM	DE WITT	IA	No
19791	KJOC	BETTENDORF	IA	No
13663	WXLP	MOLINE	IL	No
13662	KBOB	DAVENPORT	IA	No

Program Report Questions

Section

Question

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 Becky Riojas Market President 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 09/30/2020 **Certified Title** Executive Vice President and General Counsel Authorized Party Name Christopher

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>2019-eeo-20190927-162714207-doc.</u> <u>pdf</u>	Applicant	EEO Public File Report	2019 EEO Report	Done with Virus Scan and/or Conversion
<u>eeo-september-2020-20200925-</u> 185637280-pdf.pdf	Applicant	EEO Public File Report	2020 EEO Report	Done with Virus Scan and/or Conversion
QC EEO Narrative Statement.pdf	Applicant	Narrative Statement	EEO Narrative Statement	Done with Virus Scan and/or Conversion

Kitchen