

Broadcast Equal Employment Opportunity **Program Report**

Submit Date: 09/29/2020 FRN: 0014471775 File Number: 0000122784 Call Sign: KQKQ-FM Facility ID: 43238 City: COUNCIL BLUFFS State: IA Service: Full Power FM Purpose: EEO Report Status: Received Status Date: 09/29/2020 Filing Status: Active

General	Section	Question	Response	
Information	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.	KQKQ - Omaha Iowa EEO Program Report	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

Licensee

Contact

Licensee Name, Type and Contact In

Info	rmati	on
		••••

Applicant	Address	Phone	Email	Applicant Type
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Contact Name Address **Contact Type** Phone Email Representatives JOHN BURGETT 1776 K STREET NW JBURGETT@WILEY.LAW +1 (202) 719-Legal WILEY REIN LLP WASHINGTON, DC 4239 Representative 20006 **United States** GEORGE NICHOLAS 2875 MT. VERNON GNICHOLAS@NRGMEDIA. +1 (319) 200-Technical DIRECTOR OF RD. SE COM 1900 Representative ENGINEERING CEDAR RAPIDS, IA NRG MEDIA, LLC 52403 **United States**

Common
Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
542	KOIL	OMAHA	NE	No
35067	кооо	LA VISTA	NE	No
87182	KOZN	BELLEVUE	NE	No
43237	KZOT	BELLEVUE	NE	No
52801	KOPW	PLATTSMOUTH	NE	No
52802	KMMQ	PLATTSMOUTH	NE	No
43238	KQKQ-FM	COUNCIL BLUFFS	IA	No

Program Report Questions	Section	Question		I	Response		
QUESTIONS	Discrimination Complaints	this license term before jurisdiction under fed	ore any body ha eral, state, terri	aving competent	No		
	Full-time Employees		Consider as "fo	ull-time" employees all	No		
Additional Program Report Questions	Responsibility for Implem A broadcast station must assign official's name and title are:		erall responsibil	ity for equal employment op	portunity at the st	ation. That	
	Name		Title				
	Mark Shecterle		Marke	et Manager			
Certification	Question					Response	
	The undersigned certifies that trustee, authorized employee, on behalf of the party filing the F.R. Section 1.23(a), who is a or she has read the document ground to support it; and that i	or other individual or d report; or (b) an attorn uthorized to represent t ; that to the best of his	uly elected or a ey qualified to p he party filing th or her knowled	ppointed official who is autho practice before the Commiss he report, and who further ce	orized to sign sion under 47 C. ertifies that he		
	Certified Date					09/29 /2020	
	Certified Title					President of the Sole Member	
	Authorized Party Name					Mary Quass	
Attachments	File Name	Uploaded			Unio	ad Status	
	EEO Public File Report - OMA 2018-2019 -IOWA.pdf	By . <u>HA SEU -</u> Applicant	Type EEO Public File Report	Description EEO Public File Report - SEU - 2018-2019 -IOWA	OMAHA Don Scar	ad Status e with Virus n and/or version	
	EEO Public File Report OMAH 2019-2020 IOWA.pdf	IA SEU Applicant	EEO Public File	EEO Public File Report C SEU 2019-2020 IOWA		e with Virus n and/or	

EEO Public File Report OMAHA SEU	Applicant	EEO	EEO Public File Report OMAHA	Done with Virus
2019-2020 IOWA.pdf		Public File	SEU 2019-2020 IOWA	Scan and/or
		Report		Conversion
FORM 396 EEO Narrative Statement-	Applicant	Narrative	FORM 396 EEO Narrative	Done with Virus
FORM 396 EEO Narrative Statement- OMAHA (FOR IOWA) - September,	Applicant	Narrative Statement	FORM 396 EEO Narrative Statement-OMAHA (FOR IOWA)	Done with Virus Scan and/or