

## Broadcast Equal Employment Opportunity **Program Report**

Facility ID: **10510** City: FRN: **0030479497** File Number: **0000126841** Submit Date: 11/23/2020 Call Sign: KYYZ WILLISTON State: ND Status Date: 11/23/2020 Service: Full Power FM Purpose: EEO Report Status: Received 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.	CCR Williston EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee

## Licensee Name, Type and Contact Information

Information

Applicant	Address	Phone	Email	Applicant Type
CCR-WILLISTON IV, LLC	7400 E. Orchard Road Suite 2800N Greenwood Village, CO 80111 United States	+1 (303) 468- 6500	tcronen@cherrycreekmedia. com	LLC

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Howard M. Liberman 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
	10511	KEYZ	WILLISTON	ND	No
	10510	KYYZ	WILLISTON	ND	No
	10513	KTHC	SIDNEY	MT	No

Program	Report
Question	S

Section	Question	Response
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

Additional Program Report Questions	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:					ation. That
	Name	Title				
	JR Greeley	Market Gene	ral Manager			
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					11/23 /2020
	Certified Title					President
	Authorized Party Name					Jonathan Brewster
Attachments		Uploaded	Attachment			
	File Name	Ву	Туре	Description	Upload Statu	IS

File Name	Ву	Туре	Description	Upload Status
<u>CCR Williston IV -</u> EEO Narrative Statement for Renewals v2.pdf	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion
Williston 2019 EEO Public File Report.pdf	Applicant	EEO Public File Report	Williston 2019 EEO Public File Report	Done with Virus Scan and/or Conversion
Williston 2020 EEO Public File Report.pdf	Applicant	EEO Public File Report	Williston 2020 EEO Public File Report	Done with Virus Scan and/or Conversion