

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0005032248
 File Number:
 0000146877
 Submit Date:
 05/25/2021
 Call Sign:
 KIHP
 Facility ID:
 19468
 City:

 MESA
 State:
 AZ
 State:
 AZ
 State:
 File Number:
 Status:
 Received
 Status:
 Date:
 05/25/2021
 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.	Utah, Arizona, Nevada and New Mexico - EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
<b>RELEVANT RADIO, INC.</b> Doing Business As: Relevant Radio, Inc.	Amy Vanden Langenberg 1496 Bellevue Street Suite 202 Green Bay, WI 54311 United States	+1 (920) 884- 4160	avanden@relevantradio. com	NFP

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Mark Denbo Counsel Smithwick & Belendiuk, P. C.	5028 Wisconsin Avenue, N. W. Suite 301 Washington, DC 20016 United States	+1 (202) 350- 9656	mdenbo@fccworld. com	Legal Representative

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
33074	KNIH	PARADISE	NV	No
53707	KIHM	RENO	NV	No
4705	KQNM	ALBUQUERQUE	NM	No
17161	KXXQ	MILAN	NM	No
35687	KIHU	TOOELE	UT	No
19468	KIHP	MESA	AZ	No

Program Report Questions Section

Common Stations

	Discrimination Complaints	Discrimination ComplaintsHave 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?	Yes	
Certification	Question 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			

Executive Director

Francis Hoffman

Certified Title

Authorized Party Name

Attachments

No Attachments.