

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0003770658** | File Number: **0000145271** | Submit Date: **05/13/2021** | Call Sign: **KKTS-FM** | Facility ID: **17411** |  
 City: **DOUGLAS** | State: **WY**  
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **05/13/2021** | 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.	EEO Schedule 396
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

**Licensee Information**

**Licensee Name, Type and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
<b>DOUGLAS BROADCASTING, INC</b> Doing Business As: DOUGLAS BROADCASTING, INC	DENNIS SWITZER 247 N. RUSSELL AVENUE DOUGLAS, WY 82633 United States	+1 (307) 358-3636	KKTY@KKTYONLINE.COM	COR

**Contact Representatives**

Contact Name	Address	Phone	Email	Contact Type
DENNIS SWITZER PRESIDENT DOUGLAS BROADCASTING, INC	DENNIS SWITZER 247 N. RUSSELL AVENUE DOUGLAS, WY 82633 United States	+1 (307) 358-3636	KKTY@KKTYONLINE.COM	OWNER /MANAGER

**Common Stations**

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
150119	K297AV	CASPER	WY	No
38387	KKTY	DOUGLAS	WY	No
161152	KKTS	EVANSVILLE	WY	No
17411	KKTS-FM	DOUGLAS	WY	No
154877	K227BU	DOUGLAS	WY	No
88501	KKTY-FM	GLENDON	WY	No

**Program Report Questions**

Section	Question	Response
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<b>Discrimination Complaints</b>	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
<b>Full-time Employees</b>	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	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	05/13/2021
Certified Title	PRESIDENT /GENERAL MANAGER
Authorized Party Name	DENNIS SWITZER

Attachments

No Attachments.