

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0001562248
 File Number:
 0000160946
 Submit Date:
 09/29/2021
 Call Sign:
 KRSB-FM
 Facility ID:
 7119
 City:

 ROSEBURG
 State:
 OR
 State:
 OR
 State:
 OR
 State:
 File Number:
 State:
 State:
 OR
 State:
 State:

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.	Form 396 EEO Program Report for Brooke Communications, Inc.
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
BROOKE COMMUNICATIONS, INC.	345 NE WINCHESTER ST. ROSEBURG, OR 97470 United States	+1 (541) 672- 6641	pat@bciradio. com	COR

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Melodie A. Virtue FCC Counsel Foster Garvey PC	1000 Potomac Street, NW Suite 200 Washington, DC 20007 United States	+1 (202) 298-2527	melodie.virtue@foster.com	Legal Representative

Common
Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
67650	ККМХ	TRI CITY	OR	No
40386	KQEN	ROSEBURG	OR	No
7119	KRSB-FM	ROSEBURG	OR	No
59346	KWRZ	CANYONVILLE	OR	No
69657	KSKR-FM	SUTHERLIN	OR	No
17415	KSKR	ROSEBURG	OR	No

Program Report	
Questions	

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	full-time employees? Cons	ment unit employ fewer than five sider as "full-time" employees all g 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:						
	Name		Title					
	Rachelle Carter		Vice President					
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				09/29 /2021			
	Certified Title				President			
	Authorized Party Name				Patrick A. Markham			
Attachments		· · · · · · · · · · · · · · · · · · ·	Attachment					
	File Name	Bv	Type Description	Upload Status	\$			

File Name	Ву	Туре	Description	Upload Status
Brooke Communications 2020 Annual EEO	Applicant	EEO Public	2020 EEO Public	Done with Virus Scan and
Public File Report.pdf		File Report	File Report	/or Conversion
Brooke Communications 2021 Annual EEO	Applicant	EEO Public	2021 EEO Public	Done with Virus Scan and
Public File Report.pdf		File Report	File Report	/or Conversion
EEO Narrative Statement for Brooke	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and /or Conversion