

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0014042816** | File Number: **0000154804** | Submit Date: **07/30/2021** | Call Sign: **KMRQ** | Facility ID: **12963** | City: **RIVERBANK** | State: **CA**
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **07/30/2021** | 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.	Aug. 2021 - Modesto-Stockton, CA. SEU EEO Report
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
IHM LICENSES, LLC	7136 S. YALE AVENUE SUITE 501 TULSA, OK 74136 United States	+1 (918) 664-4581	FCCCONTACT@IHEARTMEDIA.COM	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Meredith Singer , Esq . Wiley Rein LLP	1776 K Street, N.W. Washington, DC 20006 United States	+1 (202) 719-7507	msinger@wiley.law	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
12959	KFIV	MODESTO	CA	No
12963	KMRQ	RIVERBANK	CA	No
35426	KOSO	PATTERSON	CA	No
32214	KWSX	STOCKTON	CA	No
9134	KQOD	STOCKTON	CA	No
12960	KJSN	MODESTO	CA	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)?	Yes

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
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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	07/30/2021
Certified Title	Executive Vice President, General Counsel and Secretary
Authorized Party Name	Jordan Fasbender

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
Discrimination Complaint.pdf	Applicant	Discrimination Complaints	Discrimination Complaint	Done with Virus Scan and/or Conversion