

Broadcast Equal Employment Opportunity **Program Report**

Licensee Name, Type and Contact Information

FRN: 0027414440 File Number: 0000160803		Submit Date: 09/29/2	2021 Call Sign: KXDD	Facility ID: 7919 City:	
ΥΑΚΙΜΑ	State: WA				
Service: Ful	Power FM	Purpose: EEO Report	Status: Received	Status Date: 09/29/2021	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.	SMG Yakima EEO Report	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
SMG-YAKIMA, LLC Doing Business As: SMG- YAKIMA, LLC	2448 E. 81ST STREET SUITE 5500 TULSA, OK 74137 United States	+1 (918) 492- 2660	gena.mitchell@smgnational. com	LLC

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Joseph C. Chautin III Hardy, Carey, Chautin & Balkin, LLP	1080 West Causeway Approach Mandeville, LA 70471 United States	+1 (985) 629- 0777	jchautin@hardycarey. com	Legal Representative

Common **Stations**

Questions

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
7918	KTCR	SELAH	WA	No
49876	KRSE	YAKIMA	WA	No
53674	KARY-FM	GRANDVIEW	WA	No
7919	KXDD	YAKIMA	WA	No
36031	КННК	YAKIMA	WA	No
49875	KBBO	YAKIMA	WA	No

Section Question Response **Program Report** Have any pending or resolved complaints been filed during **Discrimination Complaints** No 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)?

	Full-time Employees	Full-time EmployeesDoes 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?							
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								
	Gena Mitchell		Execut	ive Assistant					
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								
	Certified Title								
	Authorized Party Name								
Attachments	File Name		Uploaded By	Attachment Type	Description	Upload Sta	tus		
	SMG Yakima 2019-20.pdf		Applicant	EEO Public File Report	EEO Report 19-2	0 Done with \ and/or Con			
	SMG Yakima 2020-21 EEO	PF Report.pdf	Applicant	EEO Public File Report	EEO Report 20-2	-21 Done with Virus Sca and/or Conversion			
	SMG Yakima EEO Program statement).pdf	Report (narrative	Applicant	Narrative Statement	Narrative Statem	atement Done with Virus Scan and/or Conversion			
	SMG-Yakima LLC Stations E	•	Applicant	All Purpose	Ownership Commencement Exhibit	Done with \ and/or Con			