

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0029697679** File Number: **0000158954** Submit Date: **09/09/2021** Call Sign: **KTDD** Facility ID: **3915** City:

EATONVILLE State: WA

Service: Full Power FM Purpose: EEO Report Status: Received Status Date: 09/09/2021 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.	KTDD EEO Program Report 2021
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
W247 BROADCASTING LLC Doing Business As: W247 BROADCASTING LLC	25375 SW PARKWAY AVENUE SUITE 200 WILSONVILLE, OR 97070 United States	+1 (833) 500- 0247	DAVID@WORSHIP247. COM	LLC

### **Contact Representatives**

Contact Name	Address	Phone	Email	Contact Type
Kathleen Victory FCC Counsel Fletcher Heald & Hildreth, PLC	1300 N. 17th Street Suite 1100 Arlington, VA 22209 United States	+1 (703) 812-0473	victory@fhhlaw.com	Legal Representative

#### **Common Stations**

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
3915	KTDD	EATONVILLE	WA	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	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

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	09/09 /2021
Certified Title	Member
Authorized Party Name	David Harms

The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner,

#### **Attachments**

No Attachments.