

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0015065378** | File Number: **0000158047** | Submit Date: **08/26/2021** | Call Sign: **KYRS** | Facility ID: **173886** | City: **MEDICAL LAKE** | State: **WA**

Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **08/26/2021** | 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.	KYRS EEO 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
<b>THIN AIR COMMUNITY RADIO</b> Doing Business As: THIN AIR COMMUNITY RADIO	35 W MAIN SUITE 340 SPOKANE, WA 99201 United States	+1 (509) 747- 3807	StationManager@kysr. org	NFP

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
MICHAEL D. BROWN ENGINEERING CONSULTANT Brown Broadcast Services	3740 SW COMUS ST PORTLAND, OR 97219 United States	+1 (503) 245- 6065	MIKE@BROWNBROADCAST. COM	Technical Representative
MICHAEL COUZENS Attorney at Law Michael Couzens Law Office	PO Box 3642 Oakland, CA 94609 United States	+1 (510) 658- 7654	CUZ@WELL.COM	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
173886	KYRS	MEDICAL LAKE	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
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	08/26 /2021
Certified Title	Station Manager
Authorized Party Name	Michael Moon Bear

Attachments

No Attachments.