

## Broadcast Equal Employment Opportunity **Program Report**

Licensee Name, Type and Contact Information

FRN: 0022491476 File Number: 0000161320 Submit Date: 09/30/2021 Call Sign: KBFF Facility ID: 949 City: PORTLAND State: OR Status Date: 09/30/2021 Service: Full Power FM Purpose: EEO Report Status: Received 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.	2021 Alpha Portland, OR EEO SEU Schedule 396
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
ALPHA MEDIA LICENSEE LLC	1211 SW 5TH AVENUE SUITE 750 PORTLAND, OR 97204 United States	+1 (503) 517- 6200	john.grossi@alphamediausa. com	LLC

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Kathleen Kirby Wiley Rein LLP	1776 K Street, NW Washington, DC 20006 United States	+1 (202) 719-3360	kkirby@wiley.law	Legal Representative

Common **Stations** 

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
948	KXTG	PORTLAND	OR	No
949	KBFF	PORTLAND	OR	No
53068	KINK	PORTLAND	OR	No
26932	KXL-FM	PORTLAND	OR	No
4114	KUPL	PORTLAND	OR	Νο
26926	KUFO	PORTLAND	OR	No

Program Report	Section	Question	Response
Questions	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 fiveNofull-time employees? Consider as "full-time" employees allthose 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					
	Deb Luchs	Business Office Assistant					
Certification	Question		Response				
	trustee, authorized employ behalf of the party filing the R. Section 1.23(a), who is	hat he or she is (a) the party filing the report, or an officer, director, member, partner, ee, or other individual or duly elected or appointed official who is authorized to sign on e report; or (b) an attorney qualified to practice before the Commission under 47 C.F. authorized to represent the party filing the report, and who further certifies that he or t; that to the best of his or her knowledge, information, and belief there is good ground not interposed for delay					
	Certified Date	Certified Date					
	Certified Title	Certified Title					
	Authorized Party Name						
Attachments		Uploaded					
		Pro Attachment Time Description Units 1014					

File Name	Uploaded By	Attachment Type	Description	Upload Status
Portland 2020 PFR.pdf	Applicant	EEO Public File Report	2020 Public File Report	Done with Virus Scan and/or Conversion
Portland 2021 PFR.pdf	Applicant	EEO Public File Report	2021 Public File Report	Done with Virus Scan and/or Conversion
Portland Discrimination Exhibit.pdf	Applicant	Discrimination Complaints	Discrimination Complaint Exhibit	Done with Virus Scan and/or Conversion
Portland, OR Narrative Statement.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion