



(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0001571546** | File Number: **0000199710** | Submit Date: **09/12/2022** | Call Sign: **K31KL-D** | Facility ID: **5914** | City: **WALLA WALLA** | State: **WA**  
Service: **Digital Class A** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/12/2022** | Filing Status: **Active**

General Information

Section	Question	Response
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>BLUE MOUNTAIN BROADCASTING ASSOCIATION</b> Doing Business As: BLUE MOUNTAIN BROADCASTING ASSOCIATION	James N. Forsyth 1200 SE 12th Street Suite 2 COLLEGE PLACE, WA 99324 United States	+1 (509) 529-529-9149	jim.forsyth@bmt.tv	NFP

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
James N Forsyth Secretary of the Board Blue Mountain Broadcasting Association	Jim Forsyth 1200 SE 12th Street, Suite 2 College Place, WA 99324 United States	+1 (509) 529-9149	jim.forsyth@bmt.tv	Legal Representative
Lowell Mann Station Manager Blue Mountain Broadcasting Association	Mr. Lowell Mann 1200 SE 12th Street, Suite 2 College Place, WA 99324 United States	+1 (509) 529-9149	manager@bmt.tv	Legal Representative
Byron ST. CLAIR ENGINEERING CONSULTANT B. W. ST.CLAIR	2355 RANCH DRIVE WESTMINSTER, CO 80234 United States	+1 (303) 465-5742	STCL@COMCAST.NET	Technical Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
5914	K31KL-D	WALLA WALLA	WA	No
5906	K36EW-D	COLLEGE PLACE	WA	No
5909	K21JQ-D	WALLA WALLA	WA	No

Program Report Questions

Section	Question	Response
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<b>Discrimination Complaints</b>	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
<b>Full-time Employees</b>	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	09/12 /2022
Certified Title	Secretary of the Board
Authorized Party Name	James N Forsyth

Attachments

No Attachments.