

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0024063323 F	ile Number: 0000128120	Submit Date: 11/30/202	Call Sign: KKWS	Facility ID: 28650 City:
WADENA State: MN				
Service: Full Power FM	Purpose: EEO Report	Status: Received S	tatus Date: 11/30/2020	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.	Schedule 396 for Wadena	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
HBI RADIO BRAINERD/WADENA, LLC	3415 University Avenue, West St. Paul, MN 55114 United States	+1 (651) 642- 4334	RVandewiele@hbi. com	LLC

Contact Representatives	Contact Name	Address	Phone	Email	Contact Type
	Kenneth E. Satten Wilkinson Barker Knauer, LLP	1800 M St NW Suite 800N Washington, DC 20036 United States	+1 (202) 783- 4141	ksatten@wbklaw. com	Legal Representative
	Matt Senne General Manager HBI Radio Brainerd/Wadena, LLC	201 1/2 South Jefferson Street Wadena, MN 56482 United States	+1 (218) 631- 1803	msenne@hbi.com	Licensee Contact

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	30016	KNSP	STAPLES	MN	No
	28650	KKWS	WADENA	MN	No
	28649	KWAD	WADENA	MN	Νο

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	full-time employed	es? Consider as '	t employ fewer than five 'full-time" employees all nore hours a week?	No			
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	Name Title						
	Matt Senne		General Mana	ager				
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 Date						
	Certified Title					Vice President and General Counsel		
	Authorized Party Name					Ryan Vandewiele		
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Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status	÷		
	2018-2019 EEO Public File Wadena.pdf	Report- Applicant	EEO Public File Report	2018-2019 EEO Public File Report	Done with Viru /or Conversior			
	2019-2020 EEO Public File	Report Applicant	EEO Public File Report	2019-2020 EEO Public File Report	Done with Viru /or Conversior			
	Exhibit for 396 for Wadena- Outreach.pdf	EEO Applicant	Narrative Statement	EEO Outreach	Done with Viru /or Conversior			