

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0013444260** | File Number: **0000142650** | Submit Date: **04/01/2021** | Call Sign: **KNCW** | Facility ID: **49164** | City: **OMAK** | State: **WA**  
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **04/01/2021** | 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.	
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>NORTH CASCADES BROADCASTING, INC.</b> Doing Business As: NORTH CASCADES BROADCASTING, INC.	John Andrist P.O. BOX 151 320 EMERY STREET OMAK, WA 98841 United States	+1 (509) 826-0300	jandrist@ncidata.com	COR

**Contact Representatives**

Contact Name	Address	Phone	Email	Contact Type
John Andrist Phillip Andrist President NORTH CASCADES BROADCASTING, INC.	John Andrist P.O. BOX 151 320 EMERY STREET OMAK, WA 98841 United States	+1 (509) 826-0300	jandrist@ncidata.com	Owner

**Common Stations**

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
49163	KOMW	OMAK	WA	No
49164	KNCW	OMAK	WA	No
31661	KZBE	OMAK	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
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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	04/01 /2021
Certified Title	President
Authorized Party Name	John Phillip Andrist

Attachments

No Attachments.