

## Broadcast Equal Employment Opportunity Program Report

FRN: 0030479497 Fi	ile Number: 0000160002	Submit Date: 09/22/	2021 Call Sign: KEYW	Facility ID: 68846 City:
PASCO State: WA				
Service: Full Power FM	Purpose: EEO Report	Status: Received	Status Date: 09/22/2021	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.	Tri-Cities EEO Form for Renewals	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

## Licensee

Licensee Name, Type and Contact Information	

## Information

Applicant	Address	Phone	Email	Applicant Type
Townsquare License, LLC	1 Manhattanville Road Suite 202 Purchase, NY 10577 United States	+1 (203) 861- 0900	fcccontact@townsquaremedia. com	LLC

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Howard Liberman Wilkinson Barker Knauer, LLP	1800 M Street NW Suite 800N Washington, DC 20036 United States	+1 (202) 383- 3373	hliberman@wbklaw. com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
16726	KORD-FM	RICHLAND	WA	No
68846	KEYW	PASCO	WA	No
16725	KFLD	PASCO	WA	No
16727	KXRX	WALLA WALLA	WA	No
51128	KOLW	BASIN CITY	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 emp full-time employees? C those permanently wo	Consider as "full	-time" employees all	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 Title						
	Ryan Lieberman		Market	President			
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 Title					Senior Vice President and General Counsel	
	Authorized Party Name					Allison Zolot	
Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Sta	tus	
	Townsquare Tri-Cities EEO Na Statement for Renewals.docx	arrative Applicant	Narrative Statement	Townsquare Tri-Cities EEO Narrative Stateme	Done with vent and/or Con		
	Tri-Cities 2019-2020 EEO Pub Report.pdf	olic File Applicant	EEO Public File Report	Tri-Cities 2019-2020 EE Public File Report	EO Done with and/or Con		
	Tri-Cities 2020-2021 EEO Pub Report.pdf	lic File Applicant	EEO Public File Report	Tri-Cities 2020-2021 EE Public File Report	EO Done with V and/or Con		