

# Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0004960019
 File Number:
 0000162305
 Submit Date:
 10/01/2021
 Call Sign:
 KRCO
 Facility ID:
 27171
 City:

 PRINEVILLE
 State:
 OR

 Service:
 Full Power AM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 10/01/2021
 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.	KRCO, KWPK-FM, KQAK & KLTW-FM - EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

### Licensee Information

Applicant	Address	Phone	Email	Applicant Type
HORIZON BROADCASTING GROUP LLC Doing Business As: HORIZON BROADCASTING GROUP LLC	P.O. 5985 BEND, OR 97708 United States	+1 (541) 383-3825	KSHIPMAN@HORIZONBROADCASTINGGROUP. COM	LLC

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Matthew H. McCormick FLETCHER, HEALD & HILDRETH, P.L.C.	1300 NORTH 17TH STREET 11TH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812- 0400	mccormick@fhhlaw. com	Legal Representative

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
31175	KQAK	BEND	OR	No
27171	KRCO	PRINEVILLE	OR	No
59365	KWPK-FM	SISTERS	OR	No
27168	KLTW-FM	PRINEVILLE	OR	No
160749	KBNW	BEND	OR	Yes

#### Program Report Questions

Section

Common Stations

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?	No	

## **Responsibility for Implementation** Additional A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That **Program Report** Questions official's name and title are: Title Name Keith Shipman President and CEO Question Response Certification 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 10/01 /2021 **Certified Title** President and CEO Authorized Party Name Keith Shipman

#### Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO Program Report	Applicant	Narrative Statement	HBG EEO Program Report Narrative	Done with Virus Scan and/or Conversion
HBG 2019-2020 EEO	Applicant	EEO Public File	HBG 2019 - 2020 EEO	Done with Virus Scan and/or
Report.pdf		Report	Public File Report	Conversion
HBG 2020-2021 EEO	Applicant	EEO Public File	HBG 2020 - 2021 EEO	Done with Virus Scan and/or
Report.pdf		Report	Public File Report	Conversion