

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0022491476
 File Number:
 0000161345
 Submit Date:
 09/30/2021
 Call Sign:
 KWIQ
 Facility ID:
 35886
 City:

 MOSES LAKE NORTH
 State:
 WA

 Service:
 Full Power AM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 09/30/2021
 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.	2021 Alpha Wenatchee /Columbia River, WA SEU EEO Schedule 396
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
Alpha Media Licensee LLC	1211 SW 5TH AVENUE SUITE 750 PORTLAND, OR 97204 United States	+1 (503) 517- 6200	john.grossi@alphamediausa. com	LLC

Contact Representatives	Contact Name	Address	Phone	Email	Contact Type
	Kathleen Kirby Wiley Rein LLP	1776 K Street, NW Washington, DC 20006 United States	+1 (202) 719-3360	kkirby@wiley.law	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
72880	KWLN	WILSON CREEK	WA	No
28634	KKRT	WENATCHEE	WA	No
35886	KWIQ	MOSES LAKE NORTH	WA	No
28635	KKRV	WENATCHEE	WA	No
35887	KWIQ-FM	MOSES LAKE	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	full-time employ		employ fewer than five ull-time" employees all ore hours a week?					
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								
	Brent Rhodes	Brent Rhodes Market Manager							
Certification	Question					Response			
	trustee, authorized employe behalf of the party filing the R. Section 1.23(a), who is a she has read the document	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					09/30 /2021			
	Certified Title					Secretary			
	Authorized Party Name					John Grossi			
Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status				
	Wenatchee, WA 2020 PFR.	<u>pdf</u> Applicant	EEO Public File Report	2020 Public File Report	Done with Virus Scan Conversion	and/or			
	Wenatchee, WA 2021 PFR.	<u>pdf</u> Applicant	EEO Public File Report	2021 Public File Report	Done with Virus Scan Conversion	and/or			
	Wenatchee, WA Narrative	Applicant	Narrative	Narrative	Done with Virus Scan	and/or			

Statement

Statement.pdf

Statement

Conversion