Federal Communications Commission
Washington, D. C. 20554

Approved by OMB
3060-0113

BROADCAST EQUAL EMPLOYMENT OPPORTUNITY PROGRAM REPORT

(To be filed with broadcast license renewal application)

(For FCC Use Only)
Code No.

Legal Name of the Licensee: JACKSON HOLE MEDIA, LLC		
Mailing Address: PO BOX 17		
City: SAINT ANTHONY	State or Country (if foreign address): ID	ZIP Code: 83445
Telephone Number (include area code): (208) 709-2694	E-Mail Address (if available): tedaustin2@gmail.com	
	Facility ID Number: 17436	Call Sign: KCHQ

TYPE OF BROADCAST STATION :

Commercial Broadcast Station

- [X] Radio
- [ ] TV
- [ ] Low Power TV
- [ ] International

Noncommercial Broadcast Station

- [ ] Educational Radio
- [ ] Educational TV

List call sign and location of all stations included on this report. List commonly owned stations that share one or more employees. Also list stations operated by the licensee pursuant to a time brokerage agreement. Indicate on the table below which stations are operated pursuant to a time brokerage agreement. To the extent that licensees include stations operated pursuant to a time brokerage agreement on this report, responses or information provided in Sections I through IV should take into consideration the licensee's EEO compliance efforts at brokered stations, as well as any other stations, included on this form. For purposes of this form, a station employment unit is a station or a group of commonly owned stations in the same market that share at least one employee.

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)	Time Brokerage Agreement (check applicable box)
KCHQ	17436	[ ] AM [X] FM [ ] TV	SODA SPRINGS ID	[ ] Yes [X] No
		[ ] AM [ ] FM [ ] TV		[ ] Yes [ ] No
		[ ] AM [ ] FM [ ] TV		[ ] Yes [ ] No
		[ ] AM [ ] FM [ ] TV		[ ] Yes [ ] No
		[ ] AM [ ] FM [ ] TV		[ ] Yes [ ] No
		[ ] AM [ ] FM [ ] TV		[ ] Yes [ ] No
		[ ] AM [ ] FM [ ] TV		[ ] Yes [ ] No
		[ ] AM [ ] FM [ ] TV		[ ] Yes [ ] No
		[ ] AM [ ] FM [ ] TV		[ ] Yes [ ] No

CONTACT PERSON IF OTHER THAN LICENSEE

Name			Street Address
City	State	Zip Code	Telephone No. ( )

FILING INSTRUCTIONS

Broadcast station licensees are required to afford equal employment opportunity to all qualified persons and to refrain from discriminating in employment and related benefits on the basis of race, color, national origin, religion, and sex. See 47 C.F.R. Section 73.2080. Pursuant to these requirements, a license renewal applicant whose station employment unit employs five or more full-time station employees must file a report of its activities to ensure equal employment opportunity. If a station employment unit employs fewer than five full-time employees, no equal employment opportunity program information need be filed. If a station employment unit is filing a combined report, a copy of the report must be filed with each station's renewal application.

A copy of this report must be kept in the station's public file. These actions are required to obtain license renewal. Failure to meet these requirements may result in sanctions or license renewal being delayed or denied. These requirements are contained in 47 C.F.R. Section 73.2080 and are authorized by the Communications Act of 1934, as amended.

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)? ☐ Yes ☒ No

If so, provide a brief description of the complaint(s), including the persons involved, the date of the filing, the court or agency, the file number (if any), and the disposition or current status of the matter.

Does your station employment unit employ fewer than five full-time employees? ☒ Yes ☐ No
Consider as "full-time" employees all those permanently working 30 or more hours a week.

If your station employment unit employs fewer than five full-time employees, complete the certification below, return the form to the FCC, and place a copy in your station(s) public file. You do not have to complete the rest of this form. If your station employment unit employs five or more full-time employees, you must complete all of this form and follow all instructions.

CERTIFICATION

This report must be certified, as follows:
A. By licensee, if an individual;
B. By a partner, if a partnership (general partner, if a limited partnership);
C. By an officer, if a corporation or an association; or
D. By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT
(U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT
(U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed Ted Austin	Name of Respondent Ted Austin
Title MANAGING MEMBER	Telephone No. (include area code) (208) 709-2694
Date 6/30/21	