

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0030479497	File Number: 0000126782	Submit Date: 11/20/2	Call Sign: KCHH	Facility ID: 1315 City:	
WORDEN State: MT					
Service: Full Power F	M Purpose: EEO Report	Status: Received	Status Date: 11/20/2020	Filing Status: Active	

General	Section	Question	Response
Information	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.	Billings EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
TOWNSQUARE MEDIA BILLINGS LICENSE, LLC	1 MANHATTANVILLE ROAD, SUITE 202 PURCHASE, NY 10577 United States	+1 (203) 861-0900	Christopher. kitchen@townsquaremedia. com	LLC

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Howard M. 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
1315	КСНН	WORDEN	MT	No
16774	KKBR	BILLINGS	MT	No
16773	KCTR-FM	BILLINGS	MT	No
35370	КМНК	BILLINGS	MT	No
16772	KBUL	BILLINGS	MT	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)?	Yes

	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				
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						
	Mike Sutton	Market President					
Certification	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						
	Certified Title		Executive Vice President and General Counsel				
	Authorized Party Name						

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
Billings 2018-2019 EEO Public File Report.pdf	Applicant	EEO Public File Report	2018-2019 EEO Public File Report	Done with Virus Scan and /or Conversion
Billings 2019-2020 EEO Public File Report.pdf	Applicant	EEO Public File Report	2019-2020 EEO Public File Report	Done with Virus Scan and /or Conversion
Billings EEO Narrative Statement	Applicant	Narrative Statement	EEO Narrative Statement	Done with Virus Scan and /or Conversion
Discrimination Complaint Exhibit.	Applicant	Discrimination Complaints	Discrimination Complaint Exhibit	Done with Virus Scan and /or Conversion