

## Broadcast Equal Employment Opportunity Program Report

FRN: 0023600190	File Number: 0000127279	Submit Date: 11/25/202	20 Call Sign: KJAM	Facility ID: 39580 City:
MADISON State: SI	D			
Service: Full Power AN	Purpose: EEO Report	Status: Received	status Date: 11/25/2020	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.	2020 Madison, SD EEO SEU Schedule 396
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Licensee Name,	Type and Contact Information
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Applicant	Address	Phone	Email	Applicant Type
ALPHA 3E 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 Washington, E United States		+1 (202) 719-33	360	kkirby@wiley.law	Legal Representative
Common Stations	Facility Identifier	Call S	lign	City	State	Time Brokerag	e Agreement
	39578	KJAN	1-FM	MADISON	SD	No	
	39580	KJAN	1	MADISON	SD	No	
Program Report Questions	Section	Que	estion				Response
	Discrimination Con	-		ing or resolved comp n before any body b		e e	No

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 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	

Program Report Questions	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				
	Peg Roehrich Market Manager				
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				
	Authorized Party Name		John Grossi		

## Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
2019 Madison SD PFR.	Applicant	EEO Public File	2019 Public File	Done with Virus Scan and/or
pdf		Report	Report	Conversion
2020 Madison SD PFR.	Applicant	EEO Public File	2020 Public File	Done with Virus Scan and/or
pdf		Report	Report	Conversion
Madison Narrative.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion