

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0004992103 F	le Number: 0000132121	Submit Date: 01/22/2	021 Call Sign: KEXL	Facility ID: 170494 City:
PIERCE State: NE				
Service: Full Power FM	Purpose: EEO Report	Status: Received	Status Date: 01/22/2021	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.	KEXL, KQKX, and WJAG - EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
WJAG INCORPORATED Doing Business As: WJAG INCORPORATED	PO BOX 789 NORFOLK, NE 68702 United States	+1 (402) 371- 0780	Jeffrey@WJAG. com	COR

Contact Representatives	Contact Name	Address		Phone	Email	Contact Type
	Keenan P Adamchak , Esq . Fletcher, Heald & Hildreth, PLC	1300 N 17th S 1100 Arlington, VA 2 United States		+1 (703) 812- 0400	adamchak@fhhlaw. com	Legal Representative
Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agree	ment
	170494	KEXL	PIERCE	NE	No	
	73121	WJAG	NORFOLK	NE	No	
	73122	KQKX	NORFOLK	NE	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	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	A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the statior official's name and title are:				
	Name	Title			
	Jeffrey Steffen	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				

Attachments

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