

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0023600190
 File Number:
 0000127283
 Submit Date:
 11/25/2020
 Call Sign:
 KEEZ-FM
 Facility ID:
 21193

 City:
 MANKATO
 State:
 MN

 Service:
 Full Power FM
 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 Mankato/St. Peter, MN EEO SEU Schedule 396
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

## Licensee Information

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, 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
164294	KMKO-FM	LAKE CRYSTAL	MN	No
21193	KEEZ-FM	MANKATO	MN	No
20400	KYSM-FM	MANKATO	MN	No
31873	KRBI-FM	ST. PETER	MN	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	Responsibility for Implementation						
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						
	Shannon Magers		Βι	isiness 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						11/25 /2020
	Certified Title						Chief Financial Officer
	Authorized Party Name						John Grossi
Attachments	File Name	Uploaded By	Attachment Type	e Description	1	Upload Status	
	2019 Mankato-St. Peter MN PFR.pdf	Applicant	EEO Public File Report	2019 Public F Report	-	Done with Virus Scan a Conversion	and/or

Applicant

Applicant

EEO Public File

Report

Narrative Statement 2020 Public File

Report

Narrative

Statement

Done with Virus Scan and/or

Done with Virus Scan and/or

Conversion

Conversion

2020 Mankato-St. Peter MN

Mankato Narrative.pdf

PFR.pdf