

Broadcast Equal Employment Opportunity **Program Report**

Licensee Name, Type and Contact Information

FRN: 0008228728 File Number: 0000128174 Submit Date: 11/30/2020 Call Sign: KERR Facility ID: 2208 City: POLSON State: MT Status Date: 11/30/2020 Service: Full Power AM Purpose: EEO Report Status: Received 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.	Anderson Radio Broadcasting, Inc., EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
ANDERSON RADIO	Dennis L. Anderson	+1 (406)	dennis@andersonbroadcasting.	COR
BROADCASTING, INC.	36581 NORTH	883-5255	com	
Doing Business As: ANDERSON	RESERVOIR ROAD			
RADIO BROADCASTING, INC.	POLSON, MT 59860			
	United States			

Contact Representatives	Contact Name	Address	Phone	Email	Contact Type
	ANNE THOMAS PAXSON BORSARI & PAXSON	5335 WISCONSIN AVENUE, N.W. SUITE 440 WASHINGTON, DC 20015 United States	+1 (202) 296- 4800	ATP@BAPLAW. COM	Legal Representative
	Gene Wisniewski Consulting Engineer	1472 East 3100 South Wendell, ID 83355 United States	+1 (208) 944- 0472	genew2012@gmail. com	Technical Representative

Common **Stations**

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
2208	KERR	POLSON	MT	No
83460	KIBG	BIGFORK	МТ	No
165376	KQRK	PABLO	МТ	No
160700	KQDE	EVERGREEN	МТ	No
2205	ККМТ	RONAN	МТ	No
164303	KQEZ	ST. REGIS	МТ	No
164302	KZXT	EUREKA	МТ	No

Program Report Questions	Section	Question			Response		
	Discrimination Complaints	this license term be jurisdiction under fe	fore any body ha deral, state, terr	e .			
	Full-time Employees	-	? Consider as "f	employ fewer than five ull-time" employees al ore hours a week?			
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						
	Dennis L. Anderson President						
Certification	Question The undersigned certifies that trustee, authorized employee, on behalf of the party filing the F.R. Section 1.23(a), who is au or she has read the document; ground to support it; and that it	or other individual or report; or (b) an attor uthorized to represent ; that to the best of his	duly elected or a ney qualified to the party filing t s or her knowled	ppointed official who i practice before the Co he report, and who fur	s authorized to sign mmission under 47 C. ther certifies that he	Response	
	Certified Date					11/30 /2020	
	Certified Title					President	
	Authorized Party Name					Dennis L. Anderson	

File Name	Ву	Туре	Description	Upload Status
Anderson 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
Anderson 2019-2020 EEO public file report.pdf	Applicant	EEO Public File Report	2019-2010 EEO public file report	Done with Virus Scan and/or Conversion
Anderson EEO Narrative Statement.docx	Applicant	Narrative Statement	EEO Narrative Statement	Done with Virus Scan and/or Conversion