

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0003749892** | File Number: **0000176415** | Submit Date: **12/01/2021** | Call Sign: **KXGN-TV** | Facility ID: **24287** |  
 City: **GLENDIVE** | State: **MT**  
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **12/01/2021** | Filing Status: **Active**

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

Licensee Information	Licensee Name, Type and Contact Information				
	Applicant	Address	Phone	Email	Applicant Type
	Glendive Broadcasting Corp.	210 South Douglas Glendive, MT 59330 United States	+1 (406) 377-3377	andrew@kxgn.com	COR

Contact Representatives	Contact Name	Address	Phone	Email	Contact Type
	David D. Oxenford Wilkinson Barker Knauer, LLP	1800 M Street, NW Suite 800N Washington, DC 20036 United States	+1 (202) 783-4141	doxenford@wbklaw.com	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	39610	KDZN	GLENDIVE	MT	No
	24287	KXGN-TV	GLENDIVE	MT	No
	24285	KXGN	GLENDIVE	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)?	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	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

**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	12/01/2021
Certified Title	President
Authorized Party Name	Stephen A. Marks

**Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">KXGN, KXGN-TV, and KDZN 2019-2020 EEO Report.pdf</a>	Applicant	EEO Public File Report	KXGN, KXGN-TV, and KDZN 2019-2020 EEO Annual Report	Done with Virus Scan and/or Conversion
<a href="#">KXGN, KXGN-TV and KDZN 2020-2021 EEO Annual Report.pdf</a>	Applicant	EEO Public File Report	KXGN, KXGN-TV, and KDZN 2020-2021 EEO Annual Report	Done with Virus Scan and/or Conversion
<a href="#">KXGN, KXGN-TV, and KDZN EEO Narrative Statement.pdf</a>	Applicant	Narrative Statement	KXGN, KXGN-TV, KDZN EEO Narrative Statement	Done with Virus Scan and/or Conversion