Broadcast Equal Employment Opportunity **Program Report**

Licensee Name, Type and Contact Information

FRN: 0031385008 File Number: 0000122475 Submit Date: 09/25/2020 Call Sign: KLGA-FM Facility ID: 35428 City: ALGONA State: IA Status Date: 09/25/2020 Service: Full Power FM Purpose: EEO Report Status: Received 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.	EEO Report for License Renewals
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
RIVERFRONT BROADCASTING OF IOWA, LLC Doing Business As: RIVERFRONT BROADCASTING OF IOWA, LLC	1006 BROADWAY AVE YANKTON, SD 57078 United States	+1 (605) 661-3160	doyleb@riverfrontbroadcasting. com	LLC

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	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	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
Stations	35428	KLGA-FM	ALGONA	IA	No
	35429	KLGZ	ALGONA	IA	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

Responsibility for Implementation Additional **Program Report** A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are: Questions Name Title Bernie Merrill General Manager Question Response Certification 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 09/25 /2020 **Certified Title** Vice President Authorized Party Name Doyle Becker

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
october-1-2019-eeo-20200914- 141217769-docx.pdf	Applicant	EEO Public File Report	2019 EEO	Done with Virus Scan and/or Conversion
Riverfront 2020 EEO Report.docx	Applicant	EEO Public File Report	2020 EEO	Done with Virus Scan and/or Conversion
Riverfront Iowa Narrative Statement. docx	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion