

Broadcast Equal Employment Opportunity **Program Report**

Facility ID: 24285 City: FRN: 0003749868 File Number: 0000129220 Submit Date: 12/02/2020 Call Sign: KXGN GLENDIVE State: MT Service: Full Power AM Purpose: EEO Report Status: Received Status Date: 12/02/2020 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.	EEO Report for License Renewal	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

Licensee

Licensee Name, Type and Contact Information

Information

Applicant	Address	Phone	Email	Applicant Type
GLENDIVE BROADCASTING CORP.	210 SOUTH DOUGLAS GLENDIVE, MT 59330 United States	+1 (406) 377-3377	Paul@kxgn.com	COR

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 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

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					
	Paul Sturlaugson	Vic	e President/Ger	neral Manager			
Certification	Question					Response	
The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partne trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign 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 o she has read the document; that to the best of his or her knowledge, information, and belief there is good groun 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 Stat	tus	
	KXGN, KXGN-TV, and KDZN 2018- 2019 EEO Report.pdf	Applicant	EEO Public File Report	KXGN, KXGN-TV, and KDZN 2018-2019 EEO Report	Done with V and/or Conv		

EEO Public

File Report

Narrative

Statement

Applicant

Applicant

KXGN, KXGN-TV, and KDZN

KXGN, KXGN-TV, and KDZN

EEO Narrative Statement

2019-2020 EEO Report

Done with Virus Scan

Done with Virus Scan

and/or Conversion

and/or Conversion

KXGN, KXGN-TV, and KDZN 2019-

KXGN, KXGN-TV, and KDZN EEO

2020 EEO Report.pdf

Narrative Statement.pdf