Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0002390557
 File Number:
 0000130834
 Submit Date:
 01/11/2021
 Call Sign:
 KTIC
 Facility ID:
 33880
 City:

 WEST POINT
 State:
 NE

 Service:
 Full Power AM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 01/11/2021
 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.	Broadcast EEO Program Report - West Point	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
NEBRASKA RURAL RADIO	P.O. BOX 880	+1 (308) 324-	John@JWKingLaw.	NFP
ASSOCIATION	LEXINGTON, NE	2371	com	

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	JOHN WELLS KING , ESQ . COUNSEL Law Office of John Wells King, PLLC	4051 Shoal Creek Lane East Jacksonville, FL 32225 United States	+1 (904) 647- 9610	John@JWKingLaw. com	Legal Representative

68850

United States

Common	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
Stations	33881	KTIC-FM	WEST POINT	NE	No
	33880	KTIC	WEST POINT	NE	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?	Νο

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 Tim Marshall **Chief Operating Officer** 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 01/11 /2021 **Certified Title** Chief Operating Officer Authorized Party Name Tim Marshall

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
Broadcast EEO Program Report	Applicant	Narrative	Narrative	Done with Virus Scan and
Narrative Statement.pdf		Statement	Statement	/or Conversion
West Point EEO Public File 2019-2020.	Applicant	EEO Public	2020 EEO Public	Done with Virus Scan and
pdf		File Report	File Report	/or Conversion
<u>West Point EEO Public File 2020-2021.</u>	Applicant	EEO Public	2021 EEO Public	Done with Virus Scan and
pdf		File Report	File Report	/or Conversion