

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0027721992
 File Number:
 0000130560
 Submit Date:
 01/06/2021
 Call Sign:
 KXCB
 Facility ID:
 50307
 City:

 OMAHA
 State:
 NE

 Service:
 Full Power AM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 01/06/2021
 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.	EEO License Renewal Program Report	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
HICKORY RADIO, LLC Doing Business As: HICKORY RADIO, LLC	Steven Seline 111 S 108th St OMAHA, NE 68154 United States	+1 (402) 991- 2201	sseline@walnutprep. com	LLC

Contact Representatives	Contact Name	Addre	SS	Phone	Email		Contact Type
	LAWRENCE BERNSTEIN ATTORNEY LAW OFFICES OF LAWRENG BERNSTEIN	BERN CE 3510 S LN NV WASF 20008	IINGTON, DC	+1 (202) 296- 1800	LAWBERNS@V NET	ERIZON.	Legal Representative
	NICK BURAS OPERATIONS MANAGER HICKORY RADIO, LLC	11717 STRE SUITE OMAF		+1 (402) 422- 1600	NBURAS@WAL COM	NUTRADIO.	Technical Representative
Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage	e Agreement	
	50307	КОВМ	OMAHA	NE	No		
Program Papart	Section	Question				Response	
Program Report Questions	Discrimination Complaints	Have any p	•	ved complaints be v body having co	-	No	

of the station(s)?

jurisdiction under federal, state, territorial or local law,

alleging unlawful discrimination in the employment practices

	Full-time Employees	full-time employee	es? Consider	unit employ fewer th as "full-time" employ or more hours a wee	yees all	10	
Additional Program Report Questions	Responsibility for Implen A broadcast station must assig official's name and title are:		overall respo	nsibility for equal em	nployment opp	ortunity at the s	station. That
	Name Title						
	JANET LARSEN			HR DIRECTOR			
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						01/06/2021
	Certified Title						HR DIRECTOR
	Authorized Party Name						JANET LARSEN
Attachments	File Name		Uploaded By	Attachment Type	Description	Upload Statu	S
	KOBM_AM EEO Narrative Sta Report 2020.docx	atement Program	Applicant	Narrative Statement		Done with Vir /or Conversio	
	Omaha,NE EEO Public File				Done with Vir /or Conversio		
	Omaha,NE EEO Public File	2020_2021.pdf	Applicant	EEO Public File Report		Done with Vir /or Conversio	