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Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 000	5014162 F	ile Number: 0000120657	Submit Date: 08/24/2	2020 Call Sign: KFCV	Facility ID: 173766 City:
DIXON	State: MO				
Service: F	ull Power FM	Purpose: EEO Report	Status: Received	Status Date: 08/24/2020	Filing Status: Active

General	Section	Question	Response	
Information	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.	KFCV EEO Program Report filed with renewal	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
COMMUNITY BROADCASTING, INC. Doing Business As: COMMUNITY BROADCASTING, INC.	10550 BARKLEY SUITE 100 OVERLAND PARK, KS 66212 United States	+1 (913) 642-7770	FCCContact@bottradionetwork. com	NFP

Contact	Contact Name	Address		Phone		Email		Contact Type
Representatives	JEREMY D. RUCK , PE . CONSULTING ENGINEER JEREMY RUCK & ASSOCIATES, INC.	PO Box 41 CANTON, I United Stat	L 61520	+1 (309) 6 1200	47-	JEREMY@JEREM COM	IYRUCK.	Technical Representative
	KATHLEEN VICTORY FCC COUNSEL FLETCHER, HEALD & HILDRETH, PLC	1300 N. 17 STREET SUITE 110 ARLINGTC 22209 United Stat	0)N, VA	+1 (703) 8 0473	12-	VICTORY@FHHL	AW.	Legal Representative
Common	Facility Identifier	Call Sign	City	Sta	ate	Time Brokerage	Agreeme	ent
Stations	173766	KFCV	DIXO	N M	С	No		
Program Report	Section	Question					Respon	se
Questions	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				No		

of the station(s)?

	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?	Yes			
Certification	Question					
	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					
	Certified Title		Vice President			
	Authorized Party Name					

Attachments

No Attachments.