

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0010823623** | File Number: **0000128183** | Submit Date: **11/30/2020** | Call Sign: **KFML** | Facility ID: **37779** | City: **LITTLE FALLS** | State: **MN**
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **11/30/2020** | 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 Program Report for License Renewal
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
Little Falls Radio Corporation	16405 Haven Road Little Falls, MN 56345 United States	+1 (320) 632-2992	chris@fallsradio.com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Christine R. Grams Little Falls Radio Corporation	16405 Haven Road Little Falls, MN 56345 United States	+1 (320) 632-2992	chris@fallsradio.com	Licensee

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
37779	KFML	LITTLE FALLS	MN	No
37780	KLTF	LITTLE FALLS	MN	No
74277	WYRQ-FM	LITTLE FALLS	MN	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

Additional Program Report Questions

Responsibility for Implementation

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
Christine R. Grams	President

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	11/30/2020
Certified Title	President
Authorized Party Name	Christine R. Grams

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
Y201130 - LFRC - FCC 2020 License Renewal - EEO Narrative.docx	Applicant	Narrative Statement	EEO Narrative	Done with Virus Scan and /or Conversion
Y201130 - Little Falls - 2019 Annual EEO report.docx	Applicant	EEO Public File Report	Annual EEO Reports	Done with Virus Scan and /or Conversion
Y201130 - Little Falls - 2020 Annual EEO report.doc	Applicant	EEO Public File Report	Annual EEO Reports	Done with Virus Scan and /or Conversion