

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0002390557
 File Number:
 0000130555
 Submit Date:
 01/06/2021
 Call Sign:
 KNEB
 Facility ID:
 51463
 City:

 SCOTTSBLUFF
 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.	Broadcast EEO Program Report - Scottsbluff
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
NEBRASKA RURAL RADIO ASSOCIATION	P.O. BOX 880 LEXINGTON, NE 68850 United States	+1 (308) 324- 2371	John@JWKingLaw. com	NFP

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

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
67472	KOLT	TERRYTOWN	NE	No
81766	KOZY-FM	BRIDGEPORT	NE	No
67473	KMOR	GERING	NE	No
51462	KNEB-FM	SCOTTSBLUFF	NE	No
164136	KHYY	MINATARE	NE	No
51463	KNEB	SCOTTSBLUFF	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 emp full-time employees? (those permanently wo	Consider as "full-	ime" employees all	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					
	Tim Marshall	Chief	Operating Office				
Certification	Question					Response	
	The undersigned certifies that I trustee, authorized employee, o on behalf of the party filing the F.R. Section 1.23(a), who is au or she has read the document; ground to support it; and that it	or other individual or du report; or (b) an attorne uthorized to represent th that to the best of his o	y elected or appo y qualified to pra e party filing the her knowledge,	pinted official who is aut ctice before the Commis report, and who further	horized to sign ssion under 47 C. certifies that he		
	Certified Date					01/06 /2021	
	Certified Title					Chief Operating Officer	
	Authorized Party Name					Tim Marshall	
Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status	S	

File Name	Ву	Туре	Description	Upload Status
Broadcast EEO Program Report Narrative Statement.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion
<u>Nebraska Rural Radio Assn -</u> Scottsbluff SEU 2019-2020.pdf	Applicant	EEO Public File Report	Annual EEO Public File Report - 2019	Done with Virus Scan and/or Conversion
Nebraska Rural Radio Assn - Scottsbluff SEU 2020-2021.pdf	Applicant	EEO Public File Report	Annual EEO Public File Report - 2020	Done with Virus Scan and/or Conversion