

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0002390557** | File Number: **0000130580** | Submit Date: **01/06/2021** | Call Sign: **KBRY** | Facility ID: **164308** | City: **SARGENT** | State: **NE**  
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **01/06/2021** | Filing Status: **Active**

## General Information

Section	Question	Response
<b>Application Description</b>	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.	KBRY Broadcast EEO Program Report
<b>Attachments</b>	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Information

### Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>MID NEBRASKA BROADCASTING, LLC</b>	P.O. BOX 622 YORK, NE 68467 United States	+1 (402) 362-4631	John@JWKingLaw.com	COR

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
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
164308	KBRY	SARGENT	NE	No

## Program Report Questions

Section	Question	Response
<b>Discrimination Complaints</b>	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
<b>Full-time Employees</b>	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
Mark G Jensen	Managing Member

## 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	Managing Member
Authorized Party Name	Mark G Jensen

## Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">Broadcast EEO Program Report Narrative Statement.pdf</a>	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and /or Conversion
<a href="#">EEO feb01_2019thrujan31_2020-20200107-162029419-pdf.pdf</a>	Applicant	EEO Public File Report	2020 EEO Public File Report	Done with Virus Scan and /or Conversion
<a href="#">EEO feb01_2020thrujan31-2021-20201230-202059522-pdf.pdf</a>	Applicant	EEO Public File Report	2021 EEO Public File Report	Done with Virus Scan and /or Conversion