

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0006192702 F	ile Number: 0000131010	Submit Date: 01/12/2	021 Call Sign: KJLG	Facility ID: 10904 City:
EMPORIA State: KS				
Service: Full Power FM	Purpose: EEO Report	Status: Received	Status Date: 01/12/2021	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.	2021 EEO KJLG, KHEV, KJHL, KJIH, KJLG, KJJLJ, KJVL, KNGM & KJOV	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
GREAT PLAINS CHRISTIAN RADIO, INC.	Mike Luskey, GM	+1 (620) 873-	KJIL@KJIL.	NFP
Doing Business As: GREAT PLAINS CHRISTIAN	/CEO	2991	COM	
RADIO, INC.	P.O. BOX 991			
	MEADE, KS			
	67864			

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
John C. Trent , Esq	John C. Trent, Esq.	+1 (540) 459-	fccman3@shentel.	Legal
Counsel	200 South Church	7646	net	Representative
Putbrese Hunsaker & Trent, P.	Street			
С.	Woodstock, VA 22664			
	United States			

United States

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
174174	KNGM	GUYMON	OK	No
174184	KANQ	CHANUTE	KS	No
174179	KJLJ	SCOTT CITY	KS	No
175834	KJHL	BOISE CITY	ОК	No
174874	KHEV	FAIRVIEW	ОК	No
174370	KJVL	HUTCHINSON	KS	No
73666	KJOV	WOODWARD	ОК	No
171769	KJIH	MANHATTAN	KS	No
10904	KJLG	EMPORIA	KS	No

Program Report Questions	Section	Question	Response		
	Discrimination Complaints	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)?			
	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?			
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				
	Authorized Party Name				

Attachments

No Attachments.