

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0002390557
 File Number:
 0000130848
 Submit Date:
 01/11/2021
 Call Sign:
 KRVN-FM
 Facility ID:
 48001

 City:
 LEXINGTON
 State:
 NE

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 01/11/2021
 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 - Lexington	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

Licensee Information

Program Report

Questions

Applicant	Address	Phone	Email	Applicant Type
NEBRASKA RURAL RADIO ASSOCIATION	PO 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 . 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
	69845	KAMI	COZAD	NE	No
	48002	KRVN	LEXINGTON	NE	Νο
	48001	KRVN-FM	LEXINGTON	NE	Νο

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	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	Chie	f Operating Officer			
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					
	Certified Title					Chief Operating Officer
	Authorized Party Name					Tim Marshall
Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status	
	Broadcast EEO Program Report Narrative Statement.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus /or Conversion	
	KRVN EEO Public File Report 2020.pdf	Applicant	EEO Public	EEO Public File	Done with Virus	s Scan and

KRVN EEO Public File Report 2021.pdf

File Report

EEO Public

File Report

Applicant

Report - 2020

EEO Public File

Report - 2021

/or Conversion

/or Conversion

Done with Virus Scan and