

Broadcast Equal Employment Opportunity **Program Report**

Licensee Name, Type and Contact Information

FRN: 0019158195 File Number: 0000141893 Submit Date: 03/30/2021 Call Sign: KCRS-FM Facility ID: 9667 City: MIDLAND State: TX Status Date: 03/30/2021 Service: Full Power FM Purpose: EEO Report Status: Received 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.	FCC Form 396 - Odessa- Midland Unit (2021)	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
ICA RADIO, LTD.	Barry Marks 700 NORTH GRANT STREET SIXTH FLOOR ODESSA, TX 79761 United States	+1 (432) 580- 5672	MARKS@ICABROADCASTING. COM	LIP

Contact Representatives	Contact Name	Address	Phone		Email	Contact Type
	Jennifer A. Johnson Legal Counsel Covington & Burling LLP	Jennifer A. John One CityCenter 850 Tenth Stree Washington, DO United States	et, N.W.	5552	jjohnson@cov.com	Legal Representative
Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage	Agreement
	9667	KCRS-FM	MIDLAND	ТХ	No	
	41856	KMRK-FM	ODESSA	ТΧ	No	
	21419	KFZX	GARDENDALE	ТΧ	No	
	42015	KCRS	MIDLAND	ТΧ	No	
	60801	КСНХ	MIDLAND	ТΧ	No	

Program Report	Section	Question	Response	
Questions	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,	No	
		alleging unlawful discrimination in the employment practices of the station(s)?		

	f	Does your station employ full-time employees? Con those permanently workir	sider as "full-tim	e" employees all	No			
Additional Program Report	Responsibility for Implemer A broadcast station must assign a		responsibility for	equal employment of	oportunity at the sta	ation. That		
Questions	official's name and title are:	official's name and title are:						
	Name	Title						
	Cindy Jones	Busi	ness Manager					
Certification	Question					Response		
	The undersigned certifies that he trustee, authorized employee, or on behalf of the party filing the re F.R. Section 1.23(a), who is auth or she has read the document; th ground to support it; and that it is	other individual or duly e port; or (b) an attorney quorized to represent the p nat to the best of his or he	lected or appoin ualified to praction arty filing the rep	ted official who is auth ce before the Commis port, and who further o	norized to sign sion under 47 C. certifies that he			
	Certified Date	Certified Date						
	Certified Title					President of General Partner		
	Authorized Party Name					Barry Marks		
Attachments	File Name	Uploaded By	Attachment Type	Description	Uploa	d Status		
	Form 396 Narrative Statement - Midland.pdf	<u>Odessa</u> Applicant	Narrative Statement	Narrative Statemen Regarding EEO Ou	treach Scan	Done with Virus Scan and/or Conversion		
	Odessa-Midland Employment Ur EEO Public File Report 2020.202		All Purpose		Scan	Done with Virus Scan and/or Conversion		
	Odessa-Midland Employment Ur Public File (2019-2020).pdf	<u>nit - EEO-</u> Applicant	EEO Public File Report	Odessa-Midland Employment Unit - Public File (2019-20	EEO Scan	Done with Virus Scan and/or Conversion		
	Odessa-Midland Employment Ur Public File (2020-2021.pdf	<u>nit - EEO</u> Applicant	EEO Public File Report	Odessa-Midland Employment Unit - Public File (2020-20	EEO Scan	with Virus and/or ersion		
	Update to FCC Form 396 filing.p	<u>df</u> Internal	All Purpose			with Virus and/or ersion		