Approved by OMB (Office of Management and Budget) | OMB Control Number 3060-0113

Federal Communications Commission

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0024969552** | File Number: **0000133166** | Submit Date: **01/27/2021** | Call Sign: **KVTN-DT** | Facility ID: **607** | City: **PINE BLUFF** | State: **AR**

Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **01/27/2021** | Filing Status: **Active**

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
Victory Television Network, Inc.	PO Box 26207 Little Rock, AR 72221 United States	+1 (501) 223-2525	jim.grant@vtntv.com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Gregory L. Masters , Esq . Wiley Rein LLP	1776 K Street, N.W. Washington, DC 20006 United States	+1 (202) 719-7370	gmasters@wiley.law	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
607	KVTN-DT	PINE BLUFF	AR	No
608	KVTH-DT	HOT SPRINGS	AR	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 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
Jim Grant	General Manager

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	01/27 /2021
Certified Title	President
Authorized Party Name	Reverend H.L. Caldwell , II .

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
KVTN-KVTH 2019 EEO Public File Report.pdf	Applicant	EEO Public File Report	2019 EEO Public File Report	Done with Virus Scan and/or Conversion
KVTN-KVTH 2020 EEO Public File Report.pdf	Applicant	EEO Public File Report	2020 EEO Public File Report	Done with Virus Scan and/or Conversion
VTN Narrative Statement.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion