

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0014799449File Number: 0000141834Submit Date: 03/30/2021Call Sign: KFWRFacility ID: 31062City:JACKSBOROState: TXService: Full Power FMPurpose: EEO ReportStatus: ReceivedStatus: Date: 03/30/2021Filing 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.	EEO 2021 Program FORM 2100 - Schedule 396 3 station SEU
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
<b>LKCM RADIO LICENSES, L.P.</b> Doing Business As: LKCM Radio Group, L.P.	115 West 3rd St Fort Worth, TX 76102 United States	+1 (817) 332- 0959	gerry@theranchradio. com	LIP

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Gerry Schlegel	Gerry Schlegel	+1 (817) 332-	GERRY@THERANCHRADIO.	Applicant
President	115 West 3rd St.	0959	СОМ	
LKCM Radio Licenses, L.	Fort Worth, TX			
Ρ.	76102			
	United States			

oommon	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
Stations	65314	KTFW-FM	GLEN ROSE	ТХ	No
	41323	KRVF	KERENS	ТΧ	No
	31062	KFWR	JACKSBORO	ТХ	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. Tha official's name and title are:				
	Name Title				
	Gerry Schlegel		President		
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			03/30 /2021	
	Certified Title			President	
	Authorized Party Name				
Attachments	File Name	Uploaded By Attachment Type	Description Upload Status		

File Name	Ву	Attachment Type	Description	Upload Status
2019-2020 EEO REPORT FINAL.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
2020-2021 EEO REPORT FINAL.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
EEO Narrative StatementLKCM 3SEU.pdf	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion