

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0008335705** | File Number: **0000130619** | Submit Date: **01/06/2021** | Call Sign: **KCNT** | Facility ID: **9969** | City: **HASTINGS** | State: **NE**  
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Submitted** | Status Date: **01/06/2021** | Filing Status: **Active**

## General Information

<b>Application Description</b>	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.	
<b>Attachments</b>	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Information

### Licensee Name, Type and Contact Information

<b>CENTRAL COMMUNITY COLLEGE</b> Doing Business As: CENTRAL COMMUNITY COLLEGE	P.O. BOX 1024 HASTINGS, NE 68902 United States	+1 (402) 461-2580	gwheeler@cccneb.edu	Company
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## Contact Representatives

Gordon Wheeler Central Community College	PO Box 1024 Hastings, NE 68902-1024 United States	+1 (402) 461-2580	gwheeler@cccneb.edu	Manager
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## Common Stations

9969	KCNT	HASTINGS	NE	No
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## Program Report Questions

<b>Discrimination Complaints</b>	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
<b>Full-time Employees</b>	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?	Yes

## Certification

Question	Response
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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	01/06 /2021
Certified Title	Manager
Authorized Party Name	Gordon Wheeler

**Attachments**

No Attachments.