Federal Communic Washington, D.C.	cations Commission 20554		Approved by OMB -0113 (March 2003)	FOR FCC USE ONI	LY
-		C 396	·		
BROAI	_	PLOYMENT OPPORT	TUNITY	FOR COMMISSION	
		M REPORT tlicense renewal application)	,	B396 - 2012	:0925AAN
Section I	Read INSTRUCTIONS	S Before Filling Out Form			
Legal Name of FIFE COMMU	JNICATION COMPANY,	L.L.C.			
Mailing Addre 3407 APOLLC		3			
City CEDAR FALL	LS		State or Country IA	y (if foreign add	dress) Zip Code 50613 -
	mber (include area code)		E-Mail Address JACOLOFF@I	s (if available) HOTMAIL.COM	
	e.	Facility ID Number	Ca	all Sign CVM	<u> </u>
TYPE OF BR	PO_000000	mercial Broadcast Station	n,	Noncommercia	al Broadcast Station
(if applicable)		adio V		Educationa Educationa	
		ow Power TV		Lucanona	11 T V
		nternational			
Application P					
	ent to Program Report				
		ncluded on this statement. Lis	st commonly ow	ned stations tha	at share one or more employees. Also list
stations operate	ed by the licensee pursuant	to a time brokerage agreeme	nt. Indicate on the	he table below v	which stations are operated pursuant to a okerage agreement on this report,
responses or in	nformation provided in Sect	ions I through II should take	into consideration	on the licensee's	s EEO compliance efforts at brokered
		uded on this form. For purpo irket that share at least one en		, a station empic	oyment unit is a station or a group of
[Stations Local	tionsl				
[Diamons 2012.					
		Stat	ion List		
Tiet call sign a	and location of all stations i	naluded on this statement. I	ist commonly o	ad stations th	hat share one or more employees. Also list
stations operate	ed by the licensee pursuant	t to a time brokerage agreem	ent. Indicate on	the table below	w which stations are operated pursuant to a
					time brokerage agreement on this report, as well as any other stations, included on
this form. For share at least o	purposes of this form, a st	ation employment unit is a	station or a gro	up of commonl	ly owned stations in the same market that
51.67 0 0.1.					
Call Sign	Facility ID Number	Type (check applicable box)		Location City/State)	Time Brokerage Agreement (check applicable box)
KCNZ	87158	• AM C FM C TV		R FALLS, IA	C Yes 6 No
		Д,			
Call Sign	Facility ID Number	Type (check applicable box)		Location lity/State)	Time Brokerage Agreement (check applicable box)
KCFI	9726	e _{AM} C _{FM} C _{TV}	CEDA	R FALLS, IA	r Yes 6 No
	10				7
Call Sign	Facility ID Number	Туре		Location	Time Brokerage Agreement

(City/State) HUDSON, IA	(check applicable box) C Yes No				
HUDSON, IA	C Yes 6 No				
ER THAN LICENSEE					
Street Address 1776 K STREET, NW					
phone Number					
197503					
FILING INSTRUCTIONS Broadcast station licensees are required to afford equal employment opportunity to all qualified persons and to refrain from discriminating in employment and related benefits on the basis of race, color, national origin, religion, and sex. See 47 C.F.R. Section 73.2080. Pursuant to these requirements, a license renewal applicant whose station employment unit employs five or more full-time station employees must file a report of its activities to ensure equal employment opportunity. If a station employment unit employs fewer than five full-time employees, no equal employment opportunity program information need be filed. If a station employment unit is filing a combined report, a copy of the report must be filed with each station's renewal application. A copy of this report must be kept in the station's public file. These actions are required to obtain license renewal. Failure to meet these requirements may result in sanctions or license renewal being delayed or denied. These requirements are contained in 47 C.F.R. Section					
7	CTIONS city to all qualified persor eligion, and sex. See 47 Coloys five or more full-ting tunit employs fewer than oyment unit is filing a correct required to obtain licent				

DISCRIMINATION COMPLAINTS. Have any pending or resolved complaints been filed during this license term (Yes 6 No before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?

If so, provide a brief description of the complaint(s), including the persons involved, the date of the filing, the court or agency, the file number (if any), and the disposition or current status of the matter.

[Exhibit 1]

Does your station employment unit employ fewer than five full-time employees?

C Yes 6 No

Consider as "full-time" employees all those permanently working 30 or more hours a week,

If your station employment unit employs fewer than five full-time employees, complete the certification below, return the form to the FCC, and place a copy in your station(s) public file. You do not have to complete the rest of this form. If your station employment unit employs five or more full-time employees, you must complete all of this form and follow all instructions.

CERTIFICATION.

This report must be certified, as follows:

- A. By licensee, if an individual;
- B. By a partner, if a partnership (general partner, if a limited partnership);
- C. By an officer, if a corporation or an association; or
- D. By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TÍTLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

	Name of Respondent
	JIM COLOFF
Title	Telephone No. (include area code)
GENERAL PARTNER	3192771918
Date	
09/21/2012	

The purpose of this document is to provide broadcast licensees, the FCC, and the public with information about whether the station is meeting equal employment opportunity requirements.

GENERAL POLICY

A broadcast station must provide equal employment opportunity to all qualified individuals without regard to their race, color, national origin, religion or sex in all personnel actions including recruitment, evaluation, selection, promotion, compensation, training and termination.

RESPONSIBILITY FOR IMPLEMENTATION

 Λ broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

Name: JIM COLOFF	Title: GENERAL PARTNER

It is also the responsibility of all persons at a broadcast station making employment decisions with respect to recruitment, evaluation, selection, promotion, compensation, training and termination of employees to ensure that no person is discriminated against in employment because of race, color, religion, national origin or sex.

I. EEO PUBLIC FILE REPORT	
Attach as an exhibit one copy of each of the EEO public file reports from the previous two years. Stations are required to place annually such information as is required by 47 C.F.R. Section 73.2080 in their public files.	[Exhibit 2]
II. NARRATIVE STATEMENT Provide a statement in an exhibit which demonstrates how the station achieved broad and inclusive outreach during the two-year period prior to filing this application. Stations that have experienced difficulties in their outreach efforts should explain.	[Exhibit 3]

FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this report. We will use the information you provide to determine if the benefit requested is consistent with the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your request may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your request may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party to a proceeding before the body or has an interest in the proceeding. In addition, all information provided in this form will be available for public inspection. If you owe a past due debt to the federal government, any information you provide may also be disclosed to the Department of Treasury Financial Management Service, other federal agencies and or your employer to offset your salary. IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized. We have estimated that each response to this collection of information will average 5 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0113), Washington, D. C. 20554. We will also accept your comments via the Internet if you send them to jboley@fcc.gov. Remember - you are not required to respond to a collection of information sponsored by the Federal government,

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507.

Exhibits

Attachment 2

	Description	
EEO Report 2012 KCVM, KCNZ, KCFI		
EEO Report 2011 KCVM, KCNZ, KCFI		

Attachment 3

	Description	
EEO Statement 2012		