

## EEO PUBLIC FILE REPORT

For the 12-Month Period Ending May 31, 2020

Prepared by: Zia Broadcasting, Inc.

This report cover the following employment unit:

<u>Call Sign</u>	<u>Facility ID Number</u>	<u>Type of Station</u>	<u>Location (City/State)</u>
KCLV-FM	74563	FM	Clovis, New Mexico
KCLV	74565	AM	Clovis, New Mexico
KTQM-FM	14749	FM	Clovis, New Mexico
KWKA	14748	AM	Clovis, New Mexico

A. The following is a list of all full-time positions filled during the previous 12 months.

<u>Job Title</u>	<u>Date of Opening</u>	<u>Date Filled</u>
	none	

Since there were no hires to fulltime positions during the applicable period sections B, C, & D are inapplicable.

- B. During the previous 12 months, the following recruitment sources were contacted as vacancies by the stations:
- C. The following is a list of the full-time job shown in Section A above and the recruitment source which provided the hiree for the position:
- D. During the previous 12 months, there were a total of 0 persons interviewed for vacancies for full-time positions. The following is a list of the total number of interviewees referred by each recruitment source shown in Section B above:
- E. During the last 12 months, the stations employment unit engaged in the following initiatives:

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This report cover the following employment unit:

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KCLV-FM	74563	FM	Clovis, New Mexico
KCLV	74565	AM	Clovis, New Mexico
KTQM-FM	14749	FM	Clovis, New Mexico
KWKA	14748	AM	Clovis, New Mexico

A. The following is a list of all full-time positions filled during the previous 12 months.

<u>Job Title</u>	<u>Date of Opening</u>	<u>Date Filled</u>
	none	

Since there were no hires to fulltime positions during the applicable period sections B, C, & D are inapplicable.

B. During the previous 12 months, the following recruitment sources were contacted as vacancies by the stations:

C. The following is a list of the full-time job shown in Section A above and the recruitment source which provided the hiree for the position:

D. During the previous 12 months, there were a total of 0 persons interviewed for vacancies for full-time positions. The following is a list of the total number of interviewees referred by each recruitment source shown in Section B above:

E. During the last 12 months, the stations employment unit engaged in the following initiatives:

1. Participated in Q4 Virtual New Mexico Broadcasters Job Fair November 9 – 13, 2020.
2. Participated in New Mexico Broadcasters Virtual Job Fair February 22 - 26, 2021.
3. Participated in New Mexico Broadcaster Virtual Job Fair May 17 – May 20, 2021.
4. Because of COVID restrictions, no other job fairs were available.

Date: 5/31/2021

**BROADCAST STATION  
ANNUAL EMPLOYMENT REPORT**

**SECTION I**

Legal Name of the Licensee <b>Zia Broadcasting Co. LLC</b>		
Mailing Address <b>P.O. Box 1907</b>		
City <b>Clavis</b>	State or Country (if foreign address) <b>New Mexico</b>	ZIP Code <b>88101</b>
Telephone Number (include area code)		E-Mail Address (if available)
Facility ID Number <b>14748</b>		Call Sign <b>KWKA-AM</b>

**SECTION II**

**A. TYPE OF RESPONDENT**

Commercial Broadcast Station

Noncommercial Broadcast Station

Headquarters



Radio



TV



Educational Radio



HQ



Low Power TV



Educational TV



International

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
<b>KWKA AM</b>	<b>14748</b>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	<b>Clavis New Mexico</b>
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	

**SECTION III**

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE)

**June 14-19-2020**

B. CHECK APPLICABLE BOX



Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)



Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

**CONTACT PERSON IF OTHER THAN LICENSEE**

Name			Street Address
City	State	Zip Code	Telephone No. ( )

**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 73.2080 and are authorized by the Communications Act of 1934, as amended.

**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)?

☐ Yes ☒ No

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.

------------------

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 ☒ No

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.

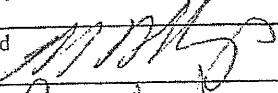
**CERTIFICATION**

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, TITLE 47, SECTION 503).

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

Signed 	Name of Respondent Mark Allsup
Title President	Telephone No. (include area code) 806-679-0118
Date 6/01/20	

**B. PART-TIME PAID  
EMPLOYEE DATA**

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS	1								1		
PROFESSIONALS	2	1					1				
TECHNICIANS											
SALES WORKERS	2						2				
OFFICE & CLERICAL											
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	5	1					3		1		

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

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 <b>Rick Keefe</b>	TITLE <b>GM</b>
---------------------------	--------------------

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 No.

**1**

#### 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 No.

**2**

#### 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. If you do not provide the information requested on this report, the report may be returned without action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Your response is required to obtain the requested authority. We have estimated that each response to this collection of information will average 1 hour, 30 minutes. 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-PER, 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](mailto:jboley@fcc.gov). Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0113.

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.

**BROADCAST STATION  
ANNUAL EMPLOYMENT REPORT**

**SECTION I**

Legal Name of the Licensee <b>Zia Broadcasting Co. LLC</b>		
Mailing Address <b>P.O. Box 1907</b>		
City <b>Clovis</b>	State or Country (if foreign address) <b>New Mexico</b>	ZIP Code <b>88101</b>
Telephone Number (include area code)		E-Mail Address (if available)
Facility ID Number <b>14749</b>		Call Sign <b>KTOM FM</b>

**SECTION II**

**A. TYPE OF RESPONDENT**

Commercial Broadcast Station

Noncommercial Broadcast Station

Headquarters



Radio

☐

TV

☐

Educational Radio

☐

HQ

☐

Low Power TV

☐

Educational TV

☐

International

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
<b>KTOM-FM</b>	<b>14749</b>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	<b>Clovis New Mexico</b>
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
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**SECTION III**

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE)

**June 14-19-2020**

B. CHECK APPLICABLE BOX

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Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)



Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

**CONTACT PERSON IF OTHER THAN LICENSEE**

Name			Street Address
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☐ Yes ☒ No

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.

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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, TITLE 47, SECTION 503).**

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

Signed <i>[Signature]</i>	Name of Respondent <i>Mark Allsup</i>
Title <i>President</i>	Telephone No. (include area code) <i>808-679-0118</i>
Date <i>6/01/20</i>	



**B. PART-TIME PAID  
EMPLOYEE DATA**

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
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PROFESSIONALS	2	1					1				
TECHNICIANS											
SALES WORKERS	2						2				
OFFICE & CLERICAL											
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OPERATIVES (SEMI-SKILLED)											
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#### RESPONSIBILITY FOR IMPLEMENTATION

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NAME <b>Rick Keefe</b>	TITLE <b>GM</b>
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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

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Exhibit No.

**1**

#### 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 No.

**2**

#### 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. If you do not provide the information requested on this report, the report may be returned without action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Your response is required to obtain the requested authority. We have estimated that each response to this collection of information will average 1 hour, 30 minutes. 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-PER, 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](mailto:jboley@fcc.gov). Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0113.

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**BROADCAST STATION  
ANNUAL EMPLOYMENT REPORT**

**SECTION I**

Legal Name of the Licensee <i>Zia Broadcasting Co. LLC</i>		
Mailing Address <i>P.O. Box 1907</i>		
City <i>Clavis</i>	State or Country (if foreign address) <i>New Mexico</i>	ZIP Code <i>88101</i>
Telephone Number (include area code) <i>575-763-4401</i>	E-Mail Address (if available) <i>KCLU@plateau.net</i>	
Facility ID Number <i>74563</i>		Call Sign <i>KCLU-FM</i>

**SECTION II**

**A. TYPE OF RESPONDENT**

Commercial Broadcast Station

Noncommercial Broadcast Station

Headquarters



Radio



TV



Educational Radio



HQ



Low Power TV



Educational TV



International

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
<i>KCLU-FM</i>	<i>74563</i>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	<i>Clavis NM</i>
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	

**SECTION III**

**A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE)** \_\_\_\_\_

**B. CHECK APPLICABLE BOX**



Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)



Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

**CONTACT PERSON IF OTHER THAN LICENSEE**

Name			Street Address
City	State	Zip Code	Telephone No. ( )

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**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)?

☐ Yes ☒ No

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.

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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 ☒ No

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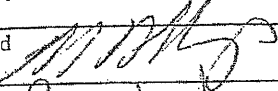
**CERTIFICATION**

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, TITLE 47, SECTION 503).

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

Signed 	Name of Respondent Mark Allsup
Title President	Telephone No. (include area code) 806-679-0118
Date 6/01/20	

**B. PART-TIME PAID  
EMPLOYEE DATA**

		MALE					FEMALE				
JOB CATEGORIES	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS	1	1									
PROFESSIONALS	1	1									
TECHNICIANS	1	1									
SALES WORKERS	2	1					1				
OFFICE & CLERICAL	1						1				
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	6	4					2				

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NAME <b>Rick Keefe</b>	TITLE <b>GM</b>
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#### 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 No.

**1**

#### 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 No.

**2**

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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. If you do not provide the information requested on this report, the report may be returned without action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Your response is required to obtain the requested authority. We have estimated that each response to this collection of information will average 1 hour, 30 minutes. 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-PERF, 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](mailto:jboley@fcc.gov). Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0113.

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**BROADCAST STATION  
ANNUAL EMPLOYMENT REPORT**

**SECTION I**

Legal Name of the Licensee <i>Zia Broadcasting Co. LLC</i>		
Mailing Address <i>P.O. Box 1907</i>		
City <i>CLouis</i>	State or Country (if foreign address) <i>New Mexico</i>	ZIP Code <i>88101</i>
Telephone Number (include area code) <i>575-763-4401</i>	E-Mail Address (if available) <i>KCLUGM@plateau tel. net</i>	
Facility ID Number <i>74565</i>		Call Sign <i>KCLU-AM</i>

**SECTION II**

**A. TYPE OF RESPONDENT**

Commercial Broadcast Station

Noncommercial Broadcast Station

Headquarters

- ☒ Radio ☐ TV  
☐ Low Power TV  
☐ International

- ☐ Educational Radio  
☐ Educational TV

- ☐ HQ

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
<i>KCLU-AM</i>	<i>74565</i>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	<i>CLouis New Mexico</i>
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	

**SECTION III**

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE)

*June 14-19 2020*

B. CHECK APPLICABLE BOX

- ☐ Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
- ☒ Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

**CONTACT PERSON IF OTHER THAN LICENSEE**

Name			Street Address
City	State	Zip Code	Telephone No. ( )

**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 73.2080 and are authorized by the Communications Act of 1934, as amended.

**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)?

☐ Yes ☒ No

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.

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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 ☒ No

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.

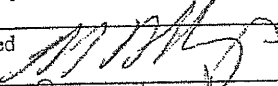
**CERTIFICATION**

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, TITLE 47, SECTION 503).**

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

Signed 	Name of Respondent Mark Allsop
Title President	Telephone No. (include area code) 806-679-0118
Date 6/01/20	



**B. PART-TIME PAID  
EMPLOYEE DATA**

		MALE					FEMALE				
JOB CATEGORIES	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS	1	1									
PROFESSIONALS	1	1									
TECHNICIANS	1	1									
SALES WORKERS	2	1					1				
OFFICE & CLERICAL	1						1				
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	6	4					2				

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