

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0026720714** | File Number: **0000112554** | Submit Date: **04/22/2020** | Call Sign: **KPIF** | Facility ID: **86205** | City: **POCATELLO** | State: **ID**  
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **04/22/2020** | Filing Status: **Active**

## General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Information

### Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>VENTURA MEDIA COMMUNICATIONS, L.L.C.</b> Doing Business As: VENTURA MEDIA COMMUNICATIONS, L.L.C	TODD LOPES PO Box 15009 FRESNO , CA 93702 United States	+1 (559) 265-4326	todd@venturabroadcasting.com	Company

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
W. JEFFREY REYNOLDS TECHNICAL CONSULTANT DU TREIL, LUNDIN & RACKLEY, INC.	3135 SOUTHGATE CIRCLE SARASOTA, FL 34293 United States	+1 (941) 329- 6013	JEFF@DLR.COM	Technical Representative
KATHLEEN VICTORY FCC COUNSEL FLETCHER HEALD & HILDRETH, PLC	1300 N. 17TH STREET SUTIE 1100 ARLINGTON, VA 22209 United States	+1 (703) 812- 0473	VICTORY@FHHLAW.COM	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
128365	K29KG-D	IDAHO FALLS	ID	No
130618	KPIF-LD	TWIN FALLS	ID	No
86205	KPIF	POCATELLO	ID	No
78910	KVUI	POCATELLO	ID	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

<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
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**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	04/22 /2020
Certified Title	President of Sole Member
Authorized Party Name	Mark Shirin

**Attachments**

No Attachments.