

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0004121000 Fi	ile Number: 0000159098	Submit Date: 09/10/	2021 Call Sign: KLSF	Facility ID: 175901 City:
JUNEAU State: AK				
Service: Full Power FM	Purpose: EEO Report	Status: Received	Status Date: 09/10/2021	Filing Status: Active

General	Section	Question	Response	
Information	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.	KLSF (175901) EEO filing for License Renewal 2021	
Attachments		Are attachments (other than associated schedules) being filed with this application?	No	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
EDUCATIONAL MEDIA FOUNDATION Doing Business As: EDUCATIONAL MEDIA FOUNDATION	DEVONA PORTER 5700 WEST OAKS BOULEVARD ROCKLIN, CA 95765 United States	+1 (916) 251-1600	EFILE@EMFBROADCASTING. COM	NFP

Contact	Contact Name	Address		Phone	I	Email		Contact Type
Representatives	MARY O'CONNOR WILKINSON BARKER KNAUER, LLP	MARY O'CON 1800 M STRE W. SUITE 800N WASHINGTC 20036 United States	EET, N. DN, DC	+1 (202) 38 3351	33-	MOCONNOR@WB	KLAW.COM	Legal Representative
	JAMES TRAVIS FCC COMPLIANCE ENGINEER EDUCATIONAL MEDIA FOUNDATION	JAMES L TR/ 5700 WEST (BLVD ROCKLIN, C/ 95765 United States	DAKS A	+1 (916) 2 1600		EFILE@EMFBROAD	DCASTING.	Technical Representative
Common Stations	Facility Identifier	Call Sign	City	S	State	Time Brokerag	e Agreement	
Glations	175901	KLSF	JUNE	AU .	AK	No		
Program Report	Section	Question					Response	
Questions	Discrimination Complaints	Have any pend	lina or re	solved com	laints	been filed during	No	

n Report	Section	Question	Response
ns	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?	Yes				
Certification	Question	Question					
	trustee, authorized employe behalf of the party filing the R. Section 1.23(a), who is a she has read the document	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	Certified Date					
	Certified Title			CEO			
	Authorized Party Name			Jon William Reeves			

Attachments