

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

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FRN: 0003779816	File Number: 0000126052	Submit Date: 11/13/20	Call Sign: KKDC	Facility ID: 88574 City:
DOLORES State: C	0			
Service: Full Power FM	Purpose: EEO Report	Status: Received	Status Date: 11/13/2020	Filing Status: Active

General Information	Section	Question	Response
	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.	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
FOUR CORNERS BROADCASTING LLC Doing Business As: FOUR CORNERS BROADCASTING LLC	Ward Holmes 190 TURNER DRIVE, SUITE G DURANGO, CO 81303 United States	+1 (970) 259-4444	ward@radiodurango. com	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
WARD S HOLMES	190 TURNER	+1 (970)	WARD@RADIODURANGO.	Legal
FOUR CORNERS BROADCASTING	DRIVE	259-4444	COM	Representative
(FCB) - DOLORES, LLC	SUITE G			
	DURANGO, CO			
	81303			
	United States			
GENE WISNEIWSKI WISNEIWSKI	GENE	+1 (208)	GENEW2009@GMAIL.	Technical
CONSULTING ENGINEER	WISNEIWSKI	733-3551	СОМ	Representative
GENE WISNEIWSKI	1472 EAST			
	3100 SOUTH			
	WENDELL, ID			
	83355			
	United States			

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
22174	KIQX	DURANGO	CO	No
22039	KIUP	DURANGO	CO	No
88574	KKDC	DOLORES	CO	No
22036	KRSJ	DURANGO	СО	No

Common Stations

Questions	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?	No

Additional Program Report Questions	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	Title			
	Ward S Holmes	Regional Manager			
Certification	Question		Response		
	trustee, authorized employee, or behalf of the party filing the repo R. Section 1.23(a), who is author	e or she is (a) the party filing the report, or an officer, director, member, partner, other individual or duly elected or appointed official who is authorized to sign on rt; or (b) an attorney qualified to practice before the Commission under 47 C.F. rized to represent the party filing the report, and who further certifies that he or to the best of his or her knowledge, information, and belief there is good ground erposed for delay			
	Certified Date		11/13 /2020		
	Certified Title				
	Authorized Party Name		Ward S Holmes		

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEOreport2018.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
eeoreport2019.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
FCB EEO NArritive.pdf	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion