

Broadcast Equal Employment Opportunity **Program Report**

City: Facility ID: 35285 FRN: 0002325793 File Number: 0000133613 Submit Date: 01/28/2021 Call Sign: KNZA HIAWATHA State: KS Service: Full Power FM Purpose: EEO Report Status: Received Status Date: 01/28/2021 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.	EEO Report for License Renewal	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

Licensee Information

Contact

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
KNZA, INC.	P.O. BOX HIAWATHA, KS 66434 United States	+1 (785) 547-3461	gregbuser@rainbowtel.net	COR

Contact Name Address Phone **Contact Type** Email Representatives +1 (202) 783-David D Oxenford 1800 M Street, NW doxenford@wbklaw. Legal Wilkinson Barker Knauer, 4141 Suite 800N com Representative LLP Washington, DC 20036 United States

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	35287	KMZA	SENECA	KS	No
	35286	KLZA	FALLS CITY	NE	No
	35285	KNZA	HIAWATHA	KS	No
	8081	KTNC	FALLS CITY	NE	No
	33397	KAIR-FM	HORTON	KS	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
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	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	ame				Title		
	Gregory Buser			President				
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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					01/28 /2021		
	Certified Title					President		
	Authorized Party Name					Gregory Buser		
Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status			
	KNZA Inc. 2019 EEO Public File Report.pdf	Applicant	EEO Public File Report	2019 EEO Public File Report	Done with Virus S /or Conversion	Scan and		
	KNZA Inc. 2020 EEO Public File	Applicant	All Purpose	2020 EEO Public	Done with Virus S	Scan and		

Applicant

Narrative

Statement

Report.pdf

for Renewals.docx

KNZA, Inc. EEO Narrative Statement

File Report

Narrative

Statement

/or Conversion

/or Conversion

Done with Virus Scan and