

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0004121000
 File Number:
 0000144159
 Submit Date:
 04/28/2021
 Call Sign:
 KAIO
 Facility ID:
 94211
 City:

 IDAHO FALLS
 State:
 ID

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 04/28/2021
 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.	KAIO (# 94211) EEO Report for License Renewal	
	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 BLVD ROCKLIN, CA 95765	+1 (916) 251-1600	EFILE@EMFBROADCASTING. COM	NFP
	United States			

Contact	Contact Name	Address		Phone	Ema	il	Contact Type
Representatives	MARY O'CONNOR WILKINSON BARKER KNAUER, LLP	1800 M STR SUITE 800N WASHINGT 20036 United State	I ON, CA	+1 (202) 383-3351	MOC	CONNOR@WBKLAW.COM	Legal Representative
	JAMES L TRAVIS FCC COMPLIANCE ENGINEER EDUCATIONAL MEDIA FOUNDATION	5700 WEST ROCKLIN, C United State		+1 (916) 251-1600		LE@EMFBROADCASTING.	Technical Representative
Common	Facility Identifier	Call Sign	City		State	Time Brokerage Agreeme	ent
Stations	94211	KAIO	IDAHO FAL	LS	ID	No	

Program Report	Section	Question	Response
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?	Yes				
Certification	Question	Question					
	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 Title		CEO				
	Authorized Party Name		Jon Williar Reeve				

Attachments