

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0013223664		ile Number: 0000149375	Submit Date: 06/01/2021 Call Sign: KUI		Facility ID: 69001 City:
RENO	State: NV				
Service: F	ull Power FM	Purpose: EEO Report	Status: Received	Status Date: 06/01/2021	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.	KUNR EEO Program Report	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
Board of Regents of the Nevada System	A. J. Kenneson	+1 (775)	feedback@KUNR.	GOE
of Higher Education	KUNR, University of	682-6300	org	
	Nevada, Reno			
	1664 N. Virginia Street,			
	Mail Stop 0294			
	Reno, NV 89557			
	United States			

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Melodie A. Virtue , Esq . FCC Counsel Foster Garvey PC	1000 Potomac Street, NW Suite 200 Washington, DC 20007- 3501 United States	+1 (202) 298- 2527	melodie.virtue@foster. com	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	49582	KNCC	ELKO	NV	No
	78489	KNCJ	RENO	NV	No
	69001	KUNR	RENO	NV	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 st full-time emp those perma	No				
Additional Program Report Questions	<b>Responsibility for Impleme</b> A broadcast station must assign official's name and title are:		ficial overall respon	sibility for equal employment o	pportunity at the sta	ation. That	
	Albert J. Kenneson		Assistant	Station Manager			
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						
			06/01 /2021				
	Certified Title					President	
	Authorized Party Name						
Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status		
			Done with Virus S	can and/or			
	KUNR KNCC KNCJ EEOApplicantEEO Public File2020 Annual EEO PublicDone with Virus S2020.pdfReportFile ReportConversion			Done with Virus S Conversion	can and/or		
	KUNR KNCC KNCJ EEO 2021.pdf	Applicant	EEO Public File Report	2021 Annual EEO Public File Report	Done with Virus S Conversion	can and/or	