

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0003779816
 File Number:
 0000149412
 Submit Date:
 06/01/2021
 Call Sign:
 KRSJ
 Facility ID:
 22036
 City:

 DURANGO
 State:
 CO

 Service:
 Full 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.	2020 EEO Report Supplement for License renewal
	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	Contact Name		Address	Phone	Email	Contact Type
Representatives	FOUR CORNERS BROAD LLC Holmes Regional Manager Four Corners Broadcasting		190 Turner Drive Unit G Durango, CO 81303 United States	+1 (970) 259- 4444	WARD@FRONTIER. NET	Legal Representative
	GENE WISNEIWSKI CONSULTING ENGINEER WISNEIWSKI		1472 E 3100 S WENDELL, ID 83355 United States	+1 (208) 733- 3551	GENEW2009@GMAIL. COM	Technical Representative
•	Facility Identifier	Call Sign	City	State	Time Brokerage Agree	ament
Common Stations	22039	KIUP	DURANGO	CO	No	-incin
	189487	KRDS	SILVERTON	со	Yes	
	22174	KIQX	DURANGO	CO	No	
	22036	KRSJ	DURANGO	СО	No	
	88574	KKDC	DOLORES	со	No	

Section

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	Responsibility for Implementation				
Program Report Questions	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 Holmes	Regional Manager			
Certification	Question		Response		
	trustee, authorized employee, or other individual or dul behalf of the party filing the report; or (b) an attorney q R. Section 1.23(a), who is authorized to represent the	<i>i</i> filing the report, or an officer, director, member, partner, y elected or appointed official who is authorized to sign on ualified to practice before the Commission under 47 C.F. party filing the report, and who further certifies that he or er knowledge, information, and belief there is good ground			
	Certified Date				
	Certified Title				
	Authorized Party Name		Ward S Holmes		

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEOreport2019.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