

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0003779816
 File Number:
 0000148254
 Submit Date:
 05/28/2021
 Call Sign:
 KIUP
 Facility ID:
 22039
 City:

 DURANGO
 State:
 CO

 Service:
 Full Power AM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 05/28/2021
 Filing Status:
 Active

General	Section	Question	Response
Information	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.	2021 Amended EEO Report
	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	Ward S Holmes Regional Manager FOUR CORNERS BROADCASTING, LLC	Ward Holmes 190 TURNER DRIVE Unit G DURANGO, CO 81303 United States	+1 (970) 259- 4444	ward@radiodurango. com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
189487	KRDS	SILVERTON	СО	Yes
22036	KRSJ	DURANGO	СО	No
88574	KKDC	DOLORES	СО	No
22039	KIUP	DURANGO	СО	No
22174	KIQX	DURANGO	CO	Νο

Program Report Questions

Section

Question

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 Manageer		
Certification	Question		Response	
	trustee, authorized employee, or o behalf of the party filing the report R. Section 1.23(a), who is authoriz	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 ; or (b) an attorney qualified to practice before the Commission under 47 C.F. zed to represent the party filing the report, and who further certifies that he or o the best of his or her knowledge, information, and belief there is good ground posed for delay		
	Certified Date			
	Certified Title			
	Authorized Party Name			

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEOreport2019.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
EEOreport2020.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