

## Broadcast Equal Employment Opportunity **Program Report**

Licensee Name, Type and Contact Information

FRN: 0004121000 File Number: 0000150463 Submit Date: 06/18/2021 Call Sign: KKRO Facility ID: 40829 City: RED BLUFF State: CA Status Date: 06/18/2021 Service: Full Power FM Purpose: EEO Report Status: Received 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.	KKRO (40829) EEO filing for License Renewal 2021
	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 United States	+1 (916) 251-1600	EFILE@EMFBROADCASTING. COM	NFP

Contact Representatives	Contact Name	Address	Phone	Emai	I	Contact Type
	MARY O'CONNOR WILKINSON BARKER KNAUER, LLP	MARY O'C 1800 M. ST N.W. SUITE 800 Washingtor 20036 United Stat	REET, 3351 N n, DC	83- MOC	CONNOR@WBKLAW.COM	Legal Representative
	JAMES TRAVIS FCC COMPLIANCE ENGINEER EDUCATIONAL MEDIA FOUNDATION	JAMES L T 5700 WES BLVD. Rocklin, CA United Stat	T OAKS 1600	51- EFIL COM	E@EMFBROADCASTING. 1	Technical Representative
Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreem	ent
	40829	KKRO	RED BLUFF	CA	No	
Program Report	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?	Yes

## 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	06/18 /2021
Certified Title	CEO
Authorized Party Name	Jon William Reeves

Attachments

No Attachments.