

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0004121000	File Number: 0000150314	Submit Date: 06/17/2	2021 Call Sign: KYLA	Facility ID: 9304 City:
FOUNTAIN VALLEY	State: CA			
Service: Full Power FM	Purpose: EEO Report	Status: Received	Status Date: 06/17/2021	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.	KYLA (9304) 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 BOULEVARD ROCKLIN, CA 95765 United States	+1 (916) 251-1600	EFILE@EMFBROADCASTING. COM	NFP

Contact Representatives	Contact Name	Address		Phone	Email		Contact Type
	MARY O'CONNOR WILKINSON BARKER KNAUER, LLP	1800 M. S SUITE 80	GTON, DC	+1 (202) 383-3351	MOCC	NNOR@WBKLAW.COM	Legal Representative
	JAMES TRAVIS FCC COMPLIANCE ENGINEER EDUCATIONAL MEDIA FOUNDATION	JAMES L TRAVIS 5700 WEST OAKS BLVD. ROCKLIN, CA 95765 United States		+1 (916) 251-1600	EFILE COM	@EMFBROADCASTING.	Technical Representative
Common Stations	Facility Identifier	Call Sign	City		State	Time Brokerage Agree	ement
	9304	KYLA	FOUNTAIN VA	LLEY	CA	No	
Program Report	Section	Questio	n			Response	

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				
	trustee, authorized employe behalf of the party filing the R. Section 1.23(a), who is a she has read the document	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 Date				
	Certified Title			CEO		
	Authorized Party Name			Jon William Reeves		

Attachments