

Federal

Broadcast Equal Employment Opportunity **Program Report**

 FRN: 0001529627
 File Number: 0000192382
 Submit Date: 06/01/2022
 Call Sign: KREN-TV
 Facility ID: 51493
City: RENO State: NV Service: Full Service Television Purpose: EEO Report Status: Received Status Date: 06/01/2022 Filing Status: Active

General Information	Section	Question	Response
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
ENTRAVISION HOLDINGS, LLC	Mark Boelke 2425 OLYMPIC BOULEVARD SUITE 6000 WEST SANTA MONICA, CA 90404 United States	+1 (310) 447- 3870	mboelke@entravision. com	LLC

Contact	Contact Name		Address		Phone		Email		Contact Type
Representatives	MANUEL CAVAZOS , III . DIRECTOR OF ENGINEERING ENTRAVISION COMMUNICATIONS CORPORATION		801 N. JACKSON MCALLEN, TX 78501 United States		+1 (956) 687-4848			ion.com	Technical Representative
	BARRY A. FRIEDMAN THOMPSON HINE LLP	SUITE 700 1919 M STREET, N.W. WASHINGTON DC 20036 United States		N.W. STON,	+1 (202) 331-8800		BARRY. FRIEDMAN@THOMPSONHINE. COM		Legal Representative
Common Stations	Facility Identifier	Call S	ign	City	Sta	ite	Time Brokerage	e Agreement	
	34577	KRNS	S-CD	RENC) N\	1	No		
	51493	KREN	I-TV	RENC) N\	/	No		
Program Report Questions	Section	Ques	tion					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,				No			

of the station(s)?

alleging unlawful discrimination in the employment practices

	Full-time Employees	full-time em	ployees? Consi	ent unit employ fewer than five der as "full-time" employees all 30 or more hours a week?						
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	Name			Title					
	Denise Sanseverino	Denise Sanseverino Business Operations Manager								
Certification	Question					Response				
	trustee, authorized employ on behalf of the party filing F.R. Section 1.23(a), who i or she has read the docum	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					Chief Executive Officer				
	Authorized Party Name	Authorized Party Name								
						1				
Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status					
	Narrative Statement LV- Reno.pdf					n and/or				

Narrative Statement LV- Reno.pdf	Applicant	All Purpose	Narrative Statement	Done with Virus Scan and/or Conversion
Reno2020-2021EEO.pdf	Applicant	All Purpose	2020-2021 EEO Public File Report	Done with Virus Scan and/or Conversion
RenoNV_EEO_Public_File_ 21-22.pdf	Applicant	All Purpose	2021-2022 EEO Public File Report	Done with Virus Scan and/or Conversion