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

FRN: 0006142236	File Number: 0000122359	Submit Date: 09/24/2	Call Sign: KRCU	Facility ID: 61212 City:
CAPE GIRARDEAU	State: MO			
Service: Full Power FN	Purpose: EEO Report	Status: Received	Status Date: 09/24/2020	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.	KRCU EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

# Licensee

LICENSEE Maine,	Type and Contact Information

Liconson Name, Type and Contact Information

## Information

Applicant	Address	Phone	Email	Applicant Type
Board of Regents, Southeast Missouri State University	One University Plaza, MS0300 Cape Girardeau, MO 63701 United States	+1 (573) 651- 5070	djwoods@semo. edu	GOE

#### **Contact Name** Address Phone Email **Contact Type** Contact Representatives Derek Teslik 2233 Wisconsin Ave NW Ste +1 (202) 559dteslik@graymillerpersh. Legal Gray Miller Persh 7489 Representative 226 com LLP Washington, DC 20007 **United States**

Common	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
Stations	61212	KRCU	CAPE GIRARDEAU	МО	No

Program Report Questions	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

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	09/24/2020		
Certified Title	Vice President for Finance and Administration		
Authorized Party Name	Kathy Mangels		

## Attachments

No Attachments.