

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0004121000	File Number: 0000125405	Submit Date: 11/03/2	020 Call Sign: KLFV	Facility ID: 12341 City:
GRAND JUNCTION	State: CO			
Service: Full Power FI	Purpose: EEO Report	Status: Received	Status Date: 11/03/2020	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.	KLFV (12341) EEO filing for License Renewal.
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
EDUCATIONAL MEDIA FOUNDATION	DEVONA	+1 (916)	EFILE@EMFBROADCASTING.	NFP
Doing Business As: EDUCATIONAL	PORTER	251-1600	COM	
MEDIA FOUNDATION	5700 WEST			
	OAKS BLVD			
	ROCKLIN, CA			
	95765			
	United States			

Contact	Contact Name	Address		Phone	Email		Contact Type
Representatives	MARY O'CONNOR WILKINSON BARKER KNAUER, LLP	SUITE 80	GTON, DC	+1 (202) 383-3351	МОСО	NNOR@WBKLAW.COM	Legal Representative
	JAMES L TRAVIS FCC COMPLIANCE ENGINEER EDUCATIONAL MEDIA FOUNDATION		ST OAKS BLVD N, CA 95765 ates	+1 (916) 251-1600	EFILE COM	@EMFBROADCASTING.	Technical Representative
Common	Facility Identifier	Call Sign	City		State	Time Brokerage Agree	ment
Stations	12341	KLFV	GRAND JUNC	TION	СО	No	

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				
	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