Approved by OMB (Office of Management and Budget) | OMB Control Number 3060-0113

Federal Communications Commission

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0031938400** | File Number: **0000126297** | Submit Date: **11/17/2020** | Call Sign: **KCYN** | Facility ID: **72729** | City: **MOAB** | State: **UT**

Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **11/17/2020** | 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. | E.E.O. Report Form 396 |
| **Attachments** | Are attachments (other than associated schedules) being filed with this application? | No |

## Licensee Information

### Licensee Name, Type and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|---|---|---|---|---|
| **MOAB COMMUNICATIONS, LLC**<br>Doing Business As: KCYN FM | 1030 S. BOWLING ALLEY LANE, #3<br>Moab, UT 84532<br>United States | +1 (801) 792-5909 | kristrout@msn.com | LLC |

## Contact Representatives

| Contact Name | Address | Phone | Email | Contact Type |
|---|---|---|---|---|
| Kris Trout<br>Controller<br>Moab Communications, LLC | Kris Trout<br>3075 Cascade Way<br>Salt Lake City, UT 84109<br>United States | +1 (801) 792-5909 | kristrout@msn.com | Controller |

## Common Stations

| Facility Identifier | Call Sign | City | State | Time Brokerage Agreement |
|---|---|---|---|---|
| 72729 | KCYN | MOAB | UT | 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

| 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 | 11/17 /2020 |
| Certified Title | Controller |
| Authorized Party Name | Kris Trout |

## Attachments

No Attachments.