

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: <b>0013088547</b> F	ile Number: 0000141288	Submit Date: 03/29/202	1 Call Sign: <b>KTSU</b>	Facility ID: 65336	City:
HOUSTON State: TX					
Service: Full Power FM	Purpose: EEO Report	Status: Received St	atus Date: 03/29/2021	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.	2021 EEO Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
TEXAS SOUTHERN UNIVERSITY Doing Business As: TEXAS SOUTHERN UNIVERSITY	Charles Hudson PO Box 77004 Houston, TX 77004 United States	+1 (713) 313- 7432	charles.hudson@tsu. edu	GOE

Contact Representatives	Contact Name	Address	Phone	Email	Contact Type
	Charles Lawrence Hudson Operations Manager KTSU/Texas Southern University	Charles Hudson PO Box 77004 Houston, TX 77004 United States	+1 (713) 313- 7432	charles.hudson@tsu. edu	Legal Representative
	Ernest Walker General Manager KTSU/Texas Southern University	PO Box 77004 Houston, TX 77004 United States	+1 (713) 313- 7999	ernest.walker@tsu.edu	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	65336	KTSU	HOUSTON	ТХ	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?	No

Additional Program Report Questions	Responsibility for Implementation A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. The official's name and title are:			
	Name	Title		
	Ernest Walker	General Manager		
Certification	Question		Response	
	The undersigned certifies that he or she is (a) the party partner, trustee, authorized employee, or other individu to sign on behalf of the party filing the report; or (b) an a under 47 C.F.R. Section 1.23(a), who is authorized to r certifies that he or she has read the document; that to t there is good ground to support it; and that it is not inte	al or duly elected or appointed official who is authorized attorney qualified to practice before the Commission epresent the party filing the report, and who further he best of his or her knowledge, information, and belief		
	Certified Date		03/29/2021	
	Certified Title			
	Authorized Party Name		Charles Hudson	

## Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
2020 ANNUAL EEO PUBLIC FILE REPORT.docx	Applicant	EEO Public File Report	2020 Annual EEO Public File Report Upload	Done with Virus Scan and /or Conversion
2020 EEO Narrative.pdf	Applicant	Narrative Statement	2020 EEO Narrative Statement Upload	Done with Virus Scan and /or Conversion
2021 Annual EEO Public File Report.pdf	Applicant	EEO Public File Report	2021 Annual EEO Public File Report Upload	Done with Virus Scan and /or Conversion
2021 EEO Narrative.pdf	Applicant	Narrative Statement	2021 EEO Narrative Statement Upload	Done with Virus Scan and /or Conversion