

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0013307129** File Number: **0000196435** Submit Date: **08/01/2022** Call Sign: **KUHB-FM** Facility ID: **53494**

City: ST. PAUL State: AK

Service: Full Power FM Purpose: EEO Report Status: Received Status Date: 07/21/2022 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.	396-C
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
PRIBILOF SCHOOL DISTRICT BOARD OF EDUCATION Doing Business As: PRIBILOF SCHOOL DISTRICT BOARD OF EDUCATION	PO BOX 207 ST. PAUL ISLAND, AK 99660 United States	+1 (907) 546-2254	kuhbinfo@gmail. com	NFP

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
WALTER Gregg PRIVILOS SCHOOL DISTRICT	P.O. BOX 907 ST. PAUL ISLAND, AK 99660 United States	+1 (907) 546- 2254	KUHBINFO@GMAIL. COM	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
53494	KUHB-FM	ST. PAUL	AK	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	08/01/2022
One William I Title	VOLUNTEED
Certified Title	VOLUNTEER
	MANAGER
Authorized Party Name	WALTER
Addition250 Fairy Hainto	GREGG
	GREGG

Attachments

No Attachments.