

## BROADCAST EQUAL EMPLOYMENT OPPORTUNITY PROGRAM REPORT

(To be filed with broadcast license renewal application)

(For FCC Use Only)

Code No.

Legal Name of the Licensee <b>REDWOOD COMMUNITY RADIO</b>		
Mailing Address <b>PO Box 135</b>		
City <b>Redwood</b>	State or Country (if foreign address) <b>CA</b>	ZIP Code <b>95560</b>
Telephone Number (include area code) <b>707 923 2513</b>	E-Mail Address (if available)	
	Facility ID Number <b>55426</b>	Call Sign <b>KMUD</b>

**TYPE OF BROADCAST STATION :**

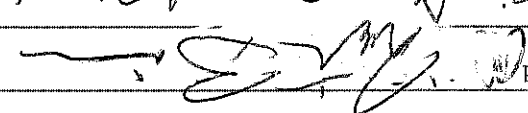
Commercial Broadcast Station

Noncommercial Broadcast Station

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Radio | <input type="checkbox"/> TV             | <input type="checkbox"/> Educational Radio |
| <input type="checkbox"/> Low Power TV     | <input type="checkbox"/> Educational TV |  |
| <input type="checkbox"/> International    |   |  |

List call sign and location of all stations included on this report. List commonly owned stations that share one or more employees. Also list stations operated by the licensee pursuant to a time brokerage agreement. Indicate on the table below which stations are operated pursuant to a time brokerage agreement. To the extent that licensees include stations operated pursuant to a time brokerage agreement on this report, responses or information provided in Sections I through IV should take into consideration the licensee's EEO compliance efforts at brokered stations, as well as any other stations, included on this form. For purposes of this form, a station employment unit is a station or a group of commonly owned stations in the same market that share at least one employee.

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)	Time Brokerage Agreement (check applicable box)
<b>KMUD</b>	<b>55426</b>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	<b>GARBERVILLE CA</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>KMUE</b>	<b>55429</b>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	<b>EUREKA CA</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>KLAI</b>	<b>85065</b>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	<b>LANTONVILLE CA</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<del><b>KMUD</b></del>		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>KZ58BQ</b>	<b>55427</b>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	<b>LANTONVILLE CA</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV		<input type="checkbox"/> Yes <input type="checkbox"/> No

Signed 	
Title Secretary, Board of Directors	Date 7-30-21
Telephone No. (include area code) 707-923-2513	Name of Respondent Robert Bier

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

This report must be certified, as follows:  
 A. By licensee, if an individual;  
 B. By a partner, if a partnership (general partner, if a limited partnership);  
 C. By an officer, if a corporation or an association; or  
 D. By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

**CERTIFICATION**

If your station employment unit employs fewer than five full-time employees, complete the certification below, return the form to the FCC, and place a copy in your station(s) public file. You do not have to complete the rest of this form. If your station employment unit employs five or more full-time employees, you must complete all of this form and follow all instructions.

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  No

If so, provide a brief description of the complaint(s), including the persons involved, the date of the filing, the court or agency, the file number (if any), and the disposition or current status of the matter.

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)?  
 Yes  No

Broadcast station licensees are required to afford equal employment opportunity to all qualified persons and to refrain from discriminating in employment and related benefits on the basis of race, color, national origin, religion, and sex. See 47 C.F.R. Section 73.2080. Pursuant to these requirements, a license renewal applicant whose station employment unit employs five or more full-time employees must file a report of its activities to ensure equal employment opportunity. If a station employment unit employs fewer than five full-time employees, no equal employment opportunity program information need be filed. If a station employment unit is filing a combined report, a copy of the report must be filed with each station's renewal application.

A copy of this report must be kept in the station's public file. These actions are required to obtain license renewal. Failure to meet these requirements may result in sanctions or license renewal being delayed or denied. These requirements are contained in 47 C.F.R. Section 73.2080 and are authorized by the Communications Act of 1934, as amended.

**FILING INSTRUCTIONS**

Name Aurisa deLeon		State CA	Zip Code 95560	Telephone No. 707-223-5685
Street Address 1147 Redwood Dr				

CONTACT PERSON IF OTHER THAN LICENSEE