

Document # 287
Annual Employment Report
March 2003

BROADCAST STATION ANNUAL EMPLOYMENT REPORT

SECTION I

Legal Name of the Licensee STATION VENTURE OPERATIONS, LP		
Mailing Address 225 BROADWAY, SUITE 300		
City SAN DIEGO	State or Country (if foreign address) CA	ZIP Code 92111
Telephone Number (include area code) (619) 578-0470	E-Mail Address (if available) paula.stephens@nbc.com	
	Facility ID Number 35277	Call Sign KNSD

SECTION II

A. TYPE OF RESPONDENT

Commercial Broadcast Station	Noncommercial Broadcast Station	Headquarters
<input type="checkbox"/> Radio	<input type="checkbox"/> Educational Radio	<input type="checkbox"/> HQ
<input checked="" type="checkbox"/> TV	<input type="checkbox"/> Educational TV	
<input type="checkbox"/> Low Power TV		
<input type="checkbox"/> International		

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
KNSD	35277	<input type="checkbox"/> AM <input type="checkbox"/> FM <input checked="" type="checkbox"/> TV	SAN DIEGO
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	

SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) 9/16 - 30/03

B. CHECK APPLICABLE BOX

- Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
- Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

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.

WILLFUL FALSE STATEMENTS MADE 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).

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

Signed <i>Paula Stephens</i>	Print Name PAULA STEPHENS
Title DIRECTOR OF HUMAN RESOURCES	Telephone No. (include area code) (619) 578-0470
Date SEPTEMBER 30, 2003	

SECTION V - EMPLOYEE DATA

**A. FULL-TIME PAID
EMPLOYEE DATA**

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS	26	10	2	2			9	1	2		
PROFESSIONALS	48	21		5	3		13	2	3	1	
TECHNICIANS	51	26	2	9	3	1	7	1		2	
SALES WORKERS	6		1		1		4				
OFFICE & CLERICAL	8						6	2			
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	139	57	5	16	7	1	39	6	5	3	

**B. PART-TIME PAID
EMPLOYEE DATA**

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS											
PROFESSIONALS	1						1				
TECHNICIANS	6	3	1	2					1		
SALES WORKERS											
OFFICE & CLERICAL	1										
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	8	3	1	2			1		1		