

BROADCAST STATION ANNUAL EMPLOYMENT REPORT

SECTION I

Legal Name of the Licensee <i>Zia Broadcasting</i>		
Mailing Address <i>710 CR P.O. Box 1901</i>		
City <i>Clouis</i>	State or Country (if foreign address) <i>New Mexico</i>	ZIP Code <i>88101</i>
Telephone Number (include area code)	E-Mail Address (if available)	
	Facility ID Number <i>74566</i>	Call Sign <i>KOTY-FM</i>

SECTION II

A. TYPE OF RESPONDENT

- | | | |
|---|--|-----------------------------|
| Commercial Broadcast Station | Noncommercial Broadcast Station | Headquarters |
| <input checked="" type="checkbox"/> Radio | <input type="checkbox"/> Educational Radio | <input type="checkbox"/> HQ |
| <input 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)
<i>KOTY-FM</i>	<i>74566</i>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	<i>BORGER TEXAS</i>
		<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)

3-28-2020

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>Rick Keefe</i>	Print Name <i>Rick Keefe</i>
Title <i>GM</i>	Telephone No. (include area code) <i>575-763-4401</i>
Date <i>3-30-2020</i>	

SECTION V - EMPLOYEE DATA

A. FULL-TIME PAID EMPLOYEE DATA		MALE					FEMALE				
JOB CATEGORIES	TOTAL (a-j)	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	1										
PROFESSIONALS											
TECHNICIANS											
SALES WORKERS											
OFFICE & CLERICAL											
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	1										

** We are aware this may not be the correct form - Could it find another choice to reflect the correct information*