Federal Communications Commission
Washington, D. C. 20554

Approved by OMB
3060-0390

BROADCAST STATION
ANNUAL EMPLOYMENT REPORT

SECTION I

Legal Name of the Licensee: Sequoia Union High School District		
Mailing Address: 480 James Avenue,		
City: Redwood City	State or Country (if foreign address): CA	ZIP Code: 94062
Telephone Number (include area code): 650-369-1411	E-Mail Address (if available): CRoberts@kcea.org	
	Facility ID Number: 41168	Call Sign: K C E A

SECTION II

A. TYPE OF RESPONDENT

Commercial Broadcast Station

- [ ] Radio
- [ ] TV
- [ ] Low Power TV
- [ ] International

Noncommercial Broadcast Station

- [XX] Educational Radio
- [ ] Educational TV

Headquarters

- [ ] HQ

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)
K C E A	41168	[ ] AM [X] FM [ ] TV	Redwood City, CA
		[ ] AM [ ] FM [ ] TV	
		[ ] AM [ ] FM [ ] TV	
		[ ] AM [ ] FM [ ] TV	
		[ ] AM [ ] FM [ ] TV	
		[ ] AM [ ] FM [ ] TV	
		[ ] AM [ ] FM [ ] TV	
		[ ] AM [ ] FM [ ] TV	

SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE): August 1st, 2025 - July 31st 2026

B. CHECK APPLICABLE BOX

- [XX] 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 Craig Roberts	Print Name Craig Roberts
Title General Manager	Telephone No. (include area code) 650-257-0852
Date July 31st, 2026	

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											
PROFESSIONALS											
TECHNICIANS											
SALES WORKERS											
OFFICE & CLERICAL											
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL											