

Federal Communications Commission Washington, D.C. 20554		Approved by OMB 3060-0922 (September 2002)		FOR FCC USE ONLY	
FCC 397					
BROADCAST MID-TERM REPORT				FOR COMMISSION USE ONLY FILE NO. B397 - 20081125ARC	
Legal Name of the Licensee MINNESOTA PUBLIC RADIO					
Mailing Address 480 CEDAR STREET					
City ST. PAUL		State or Country (if foreign address) MN		Zip Code 55101 -	
Telephone Number (include area code) 6512901259		E-Mail Address (if available) FCCFILING@MPR.ORG			
FCC Registration Number 0002642510		Facility ID Number 42981		Call Sign KNCM	
TYPE OF BROADCAST STATION:	Commercial Broadcast Station <input type="radio"/> Radio <input type="radio"/> TV <input type="radio"/> Low Power TV <input type="radio"/> International		Noncommercial Broadcast Station <input checked="" type="radio"/> Educational Radio <input type="radio"/> Educational TV		
Application Purpose					
<input checked="" type="radio"/> New Program Report <input type="radio"/> Amendment to Program Report					
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 III 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.					
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Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	Time Brokerage Agreement (check applicable box)	
KNCM	42918	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	APPLETON, MN	<input type="radio"/> Yes <input checked="" type="radio"/> No	
KRSU	42967	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	APPLETON, MN	<input type="radio"/> Yes <input checked="" type="radio"/> No	

SEND NOTICES AND COMMUNICATIONS TO THE FOLLOWING NAMED PERSON AT THE ADDRESS INDICATED BELOW:

Name TODD M STANSBURY		Street Address 1776 K STREET NW SUITE 500	
City WASHINGTON	State DC	Zip Code 20007-	Telephone Number 2027194948

FILING INSTRUCTIONS

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 television station employment unit that employs five or more full-time station employees must file a full and complete Broadcast Mid-Term Report. If a television station employment unit employs fewer than five full-time employees, only the first two pages of this report need be filed [through Section I and the Certification].

A copy of this Mid-Term Report must be kept in the station's public file. Failure to meet these requirements may result in sanctions or remedies. These requirements are contained in 47 C.F.R. Section 73.2080 and are authorized by the Communications Act of 1934, as amended.

Consider as "full-time" employees all those permanently working 30 or more hours a week.

Section I

Does your station employment unit employ fewer than five full-time employees, if television, or fewer than eleven full-time employees, if radio? Yes No

If yes, you do not have to file this form with the FCC. However, you have the option to 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, if television, or eleven or more full-time employees, if radio, you must complete all of this form and follow all instructions.

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 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	Name of Respondent THOMAS J KIGIN
Title EXECUTIVE VICE PRESIDENT	Telephone No. (include area code) 6512901554
Date 11/25/2008	