

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0007729551File Number: 0000106213Submit Date: 02/19/2020Call Sign: KSWPFacility ID: 39168City:LUFKINState: TXService: Full Power FMPurpose: EEO ReportStatus: ReceivedStatus Date: 02/19/2020Filing Status: Active

General Information	Section	Question	Response	
	Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	Filing a form 396	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes	

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
LUFKIN EDUCATIONAL BROADCASTING FOUNDATION Doing Business As: LUFKIN EDUCATIONAL BROADCASTING FOUNDATION	Connie Mullins 151 HOLMES RD	+1 (936) 639- 5673	connie@kswp. org	NFP
	LUFKIN, TX 75904 United States			

Contact Representatives	Contact Name		Address		Phone En		Email		Contact Type	
	BERT GOLDMAN TECHNICAL CONSULTANT GOLDMAN ENGINEERING MGMT, INC		560 PERKINS WAY AUBURN, CA 95603 United States		+1 (214) 395- 5067		BERT@BGOLDMAN. NET		Technical Representative	
	Tim Swanson Representative Lufkin Educational Broadcasting Foundation		151 HOLMES ROAD LUFKIN, TX 75904 United States		+1 (936) 639- 5673		TIMSWANSON@KSWP. ORG		Legal Representative	
Common Stations	Facility Identifier	Call Si	Sign City			State Time Brokerag		je Agreement		
	39168	KSWP	)	LUFKIN		тх	No			
Program Report Questions	Section	Question					Respo	Response		
	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)?					No			

	Full-time Employees	full-time employee	es? Conside	t unit employ fewer r as "full-time" emplo ) or more hours a we	oyees all	No			
Additional Program Report Questions	Responsibility for Implementation A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:								
	Name Title								
	MIchelle Ross Assistant GM								
Certification	Question						Response		
	The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C. F.R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay								
	Certified Date								
	Certified Title								
	Authorized Party Name								
Attachments	File Name		Uploaded By	Attachment Type	Description	Upload Status			
	EEO PD MD 2019.docx					Done with Virus /or Conversion	Scan and		
	Narative Statement EEO Supp 2019 (2).docx					Done with Virus /or Conversion	Scan and		