

Broadcast Equal Employment Opportunity **Program Report**

Licensee Name, Type and Contact Information

FRN: 0022877369 File Number: 0000162233 Submit Date: 10/01/2021 Call Sign: KCCN-FM Facility ID: 34552 City: HONOLULU State: HI Status Date: 10/01/2021 Service: Full Power FM Purpose: EEO Report Status: Received Filing 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.	Summit Hawaii EEO Program Report 2021	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
SM-KCCN, LLC Doing Business As: SM- KCCN, LLC	2700 CORPORATE DRIVE SUITE 115 BIRMINGHAM, AL 35242 United States	+1 (205) 322- 2987	darryl. grondines@summitmediacorp. com	LLC

Contact Representatives	Contact Name	Address		Phone		Email	Contact Type
	Francisco R. Montero , Esq. Fletcher, Heald and Hildreth PLC	n, Street Suite 110	0 VA 22209	+1 (703) 0400	812-	montero@fhhlaw. com	Legal Representative
Common Stations	Facility Identifier	Call Sign	City		State	Time Brokerage Ag	reement
	14937	KKNE	WAIPAH	U	HI	No	
	27424	KPHW	KANEOH	IE	HI	No	
	50118	KRTR-FM	KAILUA		HI	No	
	34553	KINE-FM	HONOLU	ILU	HI	No	
	13880	KPRP	HONOLU	ILU	HI	No	
	34552	KCCN-FM	HONOLU	ILU	HI	No	
Program Report	Section	Question				Respo	onse

Program Report Questions

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	Νο	
Full-time Employees	of the station(s)? Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	No	

Responsibility for Implementation Additional **Program Report** A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That Questions official's name and title are: Title Name Lori Uno **Business Manager** Question Response Certification 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 10/01 /2021 **Certified Title** Manager Authorized Party Name H Carl Palmer

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>01561150.PDF</u>	Applicant	Narrative Statement	EEO Narrative Statement	Done with Virus Scan and/or Conversion
honolulu-eeo-report-10-01-19-9-30-20-20201002- 215158943-docx (01561069xB3D1E).pdf	Applicant	EEO Public File Report	2020 EEO Annual Report	Done with Virus Scan and/or Conversion
honolulu-eeo-report-10-01-20-9-30-21-20210928- 200608736-docx (01561072xB3D1E).pdf	Applicant	EEO Public File Report	2021 EEO Annual Report	Done with Virus Scan and/or Conversion