

Broadcast Equal Employment Opportunity **Program Report**

Licensee Name, Type and Contact Information

FRN: 0027761873 Fi	ile Number: 0000122104	Submit Date: 09/22/2	2020 Call Sign: KSPW	Facility ID: 10119 City:
SPARTA State: MO				
Service: Full Power FM	Purpose: EEO Report	Status: Received	Status Date: 09/22/2020	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.	Springfield, MO Stations - EEO Program Report	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
SM-KSPW, LLC Doing Business As: SM- KSPW, 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 & Hildreth, PLC	1300 N 17th Street, Suite 1100 Arlington, VA 22209 United States	+1 (703) 812- 0400	montero@fhhlaw. com	Legal Representative

Common **Stations**

Questions

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
55165	KRVI	MOUNT VERNON	MO	No
10119	KSPW	SPARTA	MO	No
62023	KTTS-FM	SPRINGFIELD	MO	No
2924	KSGF-FM	ASH GROVE	MO	No
62024	KSGF	SPRINGFIELD	MO	No

Section Question Response **Program Report** Have any pending or resolved complaints been filed during **Discrimination Complaints** No 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)?

	Full-time Employees	full-time empl	oyees? Con		by fewer than five ne" employees all burs a week?	No		
Additional Program Report	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			
	H Carl Palmer				Manager			
Certification	Question						1	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							09/22 /2020
	Certified Title							Manager
	Authorized Party Name							H Carl Palmer
Attachments	File Neme		Uploaded	Attachment	Description			Status
	File Name		By	Туре	Description			I Status
	Springfield MO - EEO Narrative	<u>e.pdf</u>	Applicant	Narrative Statement	Springfield MO - EE		Done with Virus Scan and/or Conversion	
	SummitMedia - Springfield MO 2019 Annual EEO Public File F (REVISED).pdf		Applicant	EEO Public File Report	Springfield MO - 201 Annual EEO Public F	File Report	Done with Virus Scan and/or Conversion	
	SummitMedia - Springfield MO 2020 Annual EEO Public File F		Applicant	EEO Public File Report	SummitMedia - Sprir - 2019-2020 Annual Public File Report	EEO	Done v Scan a Conve	