

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN:
0001608900
File Number:
0000129194
Submit Date:
12/02/2020
Call Sign:
KTMH
Facility ID:
89574
City:

MONTROSE
State:
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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.	KTMH 2020 EEO Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
Educational Communications of Colorado Springs, Inc.	1665 Briargate Blvd. Suite 100 Colorado Springs, CO 80920 United States	+1 (719) 593- 0600	joshua@ktlf. org	NFP

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Lee J Peltzman Legal Counsel Shainis & Peltzman, Chartered	1850 M Street NW Suite 240 Washington, DC 20036 United States	+1 (202) 293-0569	lee@s-plaw.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
173903	KTML	SOUTH FORK	СО	No
94198	KTPF	SALIDA	СО	No
173709	KRJX	RIFLE	СО	No
93645	KTDL	TRINIDAD	СО	No
18796	KTLF	COLORADO SPRINGS	СО	No
173749	KBEI	BRUSH	СО	No
12362	KTPL	PUEBLO	СО	No
91471	KTAD	STERLING	СО	No
94188	KTCF	DOLORES	СО	No
89574	КТМН	MONTROSE	СО	No
89073	KTAW	WALSENBURG	СО	No

94189	KTPS	PAGOSA SPRINGS	СО	No
94202	KTOL	LEADVILLE	СО	No
88201	KTLC	CANON CITY	СО	No
88717	KTSG	STEAMBOAT SPRINGS	СО	No

Program Report Questions

Section	Question	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	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?	Yes

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	12/02 /2020
Certified Title	Chairman
Authorized Party Name	Ronald A Johnson

Attachments

No Attachments.