Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0027762087
 File Number:
 0000132275
 Submit Date:
 01/25/2021
 Call Sign:
 KEZO-FM
 Facility ID:
 74105

 City:
 OMAHA
 State:
 NE

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 01/25/2021
 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.	Omaha, NE Market - 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-KEZO-FM, LLC Doing Business As: SM-KEZO- FM, 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 Stra 1100 Arlington, VA 22 United States		+1 (703) 812- 0400	montero@fh com	hlaw. Legal Representative
Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement	
	50314	KQCH	OMAHA	NE	No	
	74103	KKCD	OMAHA	NE	No	
	50313	KXSP	OMAHA	NE	No	
	74105	KEZO-FM	OMAHA	NE	No	
	50308	KSRZ	OMAHA	NE	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				No

of the station(s)?

jurisdiction under federal, state, territorial or local law,

alleging unlawful discrimination in the employment practices

		full-time employee	es? Consider as	hit employ fewer than five "full-time" employees all more hours 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					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					01/25 /2021		
	Certified Title							
	Authorized Party Name					H Carl Palmer		
Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status			
	<u>Omaha NE Market - 2019-2020</u> EEO Public File Report.pdf	Applicant	EEO Public File Report	Omaha NE Market - 2019-2 EEO Public File Report	020 Done with V and/or Conv			
	Omaha NE Market - 2020-2021 EEO Public File Report.pdf	Applicant	EEO Public File Report	Omaha NE Market - 2020-20 EEO Public File Report	021 Done with V and/or Conv			
	Omaha NE Market - EEO Narrat Statement.pdf	<u>ive</u> Applicant	Narrative Statement	Omaha NE Market - EEO Narrative Statement	Done with V and/or Conv			