Broadcast Equal Employment Opportunity **Program Report**

Licensee Name, Type and Contact Information

Facility ID: 59979 FRN: 0023020316 File Number: 0000132531 Submit Date: 01/26/2021 Call Sign: KMYZ-FM City: **PRYOR** State: **OK** Status Date: 01/26/2021 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.	KMYZ KXOJ KCFO EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
SMG - TULSA, LLC Doing Business As: SMG - TULSA, LLC	2448 E. 81ST STREET SUITE 5500 TULSA, OK 74137 United States	+1 (918) 492- 2660	david. stephens@smgnational.com	LLC

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	JOSEPH C. CHAUTIN, III HARDY, CAREY, CHAUTIN & BALKIN, LLP	1080 WEST CAUSEWAY APPROACH MANDEVILLE, LA 70471 United States	+1 (985) 629-0777	JCHAUTIN@HARDYCAREY. COM	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	28850	KXOJ-FM	GLENPOOL	OK	No
	22665	KCFO	TULSA	ОК	No
	59979	KMYZ-FM	PRYOR	OK	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?	No

Additional	Responsibility for Implementation				
Program Report Questions	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			
	Gena Mitchell , MBA .	Executive Assistant			
Certification	Question	R	Response		
	The undersigned certifies that he or she is (a) the party filing the retrustee, authorized employee, or other individual or duly elected or on behalf of the party filing the report; or (b) an attorney qualified to F.R. Section 1.23(a), who is authorized to represent the party filing or she has read the document; that to the best of his or her knowled ground to support it; and that it is not interposed for delay	r appointed official who is authorized to sign o practice before the Commission under 47 C. g the report, and who further certifies that he			

Certified Date
Certified Title
Authorized Party Name

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
2019-20 EEO PF Report.pdf	Applicant	EEO Public File Report	2019-20 EEO PF Report	Done with Virus Scan and/or Conversion
2020-21 EEO PF Report.pdf	Applicant	EEO Public File Report	2020-21 EEO PF Report	Done with Virus Scan and/or Conversion
EEO Program Report (narrative statement).pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion

01/26 /2021

Manager

David P Stephens