

Broadcast Equal Employment Opportunity **Program Report**

Licensee Name, Type and Contact Information

FRN: 0002487056 File Number: 0000121860 Submit Date: 09/18/2020 Call Sign: KSMU Facility ID: 4210 City: SPRINGFIELD State: MO Status Date: 09/18/2020 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.	KSMU KOZK EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
BOARD OF GOVERNORS OF MISSOURI STATE UNIVERSITY	901 S NATIONAL AVE SPRINGFIELD, MO 65897 United States	+1 (417) 836-5878	rachelknight@missouristate. edu	GOE

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Barry S. Persh Gray Miller Persh LLP	2233 Wisconsin Avenue NW Suite 226 Washington, DC 20007 United States	+1 (202) 776- 2458	bpersh@graymillerpersh. com	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	51102	KOZK	SPRINGFIELD	МО	No
	4210	KSMU	SPRINGFIELD	МО	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 Program Report Questions

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
Rachel Knight	General 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 09/18/2020 **Certified Title** Vice President for Research and Economic Development and

Authorized Party Name

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO Public File Report 2018- 2019.pdf	Applicant	EEO Public File Report	EEO Public File Report 2018-2019	Done with Virus Scan and/or Conversion
EEO Public File Report 2019- 2020.pdf	Applicant	EEO Public File Report	EEO Public File Report 2019-2020	Done with Virus Scan and/or Conversion
KSMU KOZK EEO Narrative Statement.pdf	Applicant	Narrative Statement	EEO Narrative Statement	Done with Virus Scan and/or Conversion

International Programs

James P. Baker