

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0005020466
 File Number:
 0000123704
 Submit Date:
 10/01/2020
 Call Sign:
 KPRS
 Facility ID:
 35495
 City:

 KANSAS CITY
 State:
 MO

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status:
 10/01/2020
 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.	KPRS and KPRT EEO Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Program Report

Questions

Applicant	Address	Phone	Email	Applicant Type
CARTER BROADCAST GROUP, INC. Doing Business As: CARTER BROADCAST GROUP, INC.	Michael L. Carter 11131 COLORADO AVE KANSAS CITY, MO 64137 United States	+1 (816) 763- 2040	rcarter@kprs. com	COR

Contact Representatives	Contact Name	Address	Phone	Email		Contact Type
	David Burns Attorney Lerman Senter PLLC	David Burns 2001 L Street, NW Suite 400 Washington, DC 2003 United States	+1 (202) 429-8970	dburns@	lermansenter.com	Legal Representative
Common Stations	Facility Identifier	Call Sign (City	State	Time Brokerage Ag	greement
	35495	KPRS	KANSAS CITY	МО	No	
	142032	K291CN	KANSAS CITY	МО	No	

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 official's name and title are:	ty for equal employment opportunity at the sta	ition. That	
	Name	Title		
	Christopher Carter	Vice President		
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			
	Certified Title		President	
	Authorized Party Name		Michael L Carter	

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
Carter EEO Narrative Stmt.pdf	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion
Carter EEO PIF Report 2019.pdf	Applicant	EEO Public File Report	2019 EEO Public File Report	Done with Virus Scan and/or Conversion
Carter EEO PIF Report 2020.pdf	Applicant	EEO Public File Report	2020 EEO Public File Report	Done with Virus Scan and/or Conversion