

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0024376063** | File Number: **0000134313** | Submit Date: **02/01/2021** | Call Sign: **KFSM-TV** | Facility ID: **66469**  
 City: **FORT SMITH** | State: **AR**  
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **02/01/2021** | Filing Status: **Active**

## General Information

Section	Question	Response
<b>Attachments</b>	Are attachments (other than associated schedules) being filed with this application?	Yes

## Licensee Information

### Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>CAPE PUBLICATIONS, INC.</b>	Denise A. Branson, Sr., Paralegal 8350 BROAD STREET, SUITE 2000 TYSONS, VA 22102 United States	+1 (703) 873-6606	DBRANSON@TEGNA.COM	COR

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Michael Beder , Esq . Associate General Counsel TEGNA Inc.	8350 BROAD STREET, SUITE 2000 TYSONS, VA 22102 United States	+1 (703) 873-6902	mbeder@TEGNA.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
66469	KFSM-TV	FORT SMITH	AR	No

## Program Report Questions

Section	Question	Response
<b>Discrimination Complaints</b>	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
<b>Full-time Employees</b>	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
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**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	02/01 /2021
Certified Title	Secretary
Authorized Party Name	Akin S. Harrison , Esq. .

**Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">KFSM 2020 EEO Program Report - Acquisition Exhibit.pdf</a>	Applicant	All Purpose	Assignment	Done with Virus Scan and /or Conversion
<a href="#">KFSM 2020 PF Report (9-19-2019 to 1-20-2020).pdf</a>	Applicant	EEO Public File Report	2020 PF Report (9/19 /2019-1/20/2020)	Done with Virus Scan and /or Conversion
<a href="#">KFSM 2021 PF Report.pdf</a>	Applicant	EEO Public File Report	2021 PF Report	Done with Virus Scan and /or Conversion
<a href="#">KFSM Narrative Statement.pdf</a>	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and /or Conversion