

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0008397077** | File Number: **0000095835** | Submit Date: **01/08/2020** | Call Sign: **KDHW-CD** | Facility ID: **10907**  
 City: **YAKIMA** | State: **WA**  
 Service: **Digital Class A** | Purpose: **EEO Report** | Status: **Received** | Status Date: **01/08/2020** | Filing Status: **Active**

## General Information

Section	Question	Response
<b>Attachments</b>	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Information

### Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>CHRISTIAN BROADCASTING OF YAKIMA</b> Doing Business As: CHRISTIAN BROADCASTING OF YAKIMA	Karen Schoff PO Box 10745 PO Box 10745 YAKIMA, WA 98909 United States	+1 (509) 972-0926	cbyhub@cbytv.org	PNE

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Rafael Fernandez Engineer Christian Broadcasting of Yakima	2400 West "J" Street Suite F Yakima, WA 98902 United States	+1 (509) 248-0194	rafael25@charter.net	Technical Representative
Karen Schoff Station Manager Christian Broadcasting of Yakima	Karen Schoff PO Box 10745 YAKIMA, WA 98909 United States	+1 (509) 972-0926	cbyhub@cbytv.org	Station Manager

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
10907	KDHW-CD	YAKIMA	WA	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

### Responsibility for Implementation

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
Karen Schoff	Station 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	01/08/2020
Certified Title	Engineer
Authorized Party Name	Rafael Fernandez

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">CBY.docx</a>	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion
<a href="#">EE01.pdf</a>	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
<a href="#">EEO.pdf</a>	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion