

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0002322261** | File Number: **0000038187** | Submit Date: **01/08/2018** | Call Sign: **KOOD** | Facility ID: **60675** | City: **HAYS** | State: **KS**  
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **01/08/2018** | 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>SMOKY HILLS PUBLIC TELEVISION CORP.</b> Doing Business As: SMOKY HILLS PUBLIC TELEVISION CORP.	Terry Cutler 604 ELM STREET P.O. BOX 9 BUNKER HILL, KS 67626 United States	+1 (785) 483-6990	tcutler@shptv.org	NFP

## Contact Representatives

Information not provided.

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
60675	KOOD	HAYS	KS	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
Kelli King , Mrs .	Director of Finance & Human Resources

## Certification

Question	Response
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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	01/08/2018
Certified Title	Director of Engineering
Authorized Party Name	Terry L Cutler , Mr .

## Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>EEO- 18.doc</u>	Applicant	All Purpose		Done with Virus Scan and/or Conversion
<u>Public FileReport.2117-13118.xls</u>	Applicant	All Purpose		Done with Virus Scan and/or Conversion