

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0001587583** | File Number: **0000162259** | Submit Date: **10/01/2021** | Call Sign: **KMBC-TV** | Facility ID: **65686** |
 City: **KANSAS CITY** | State: **MO**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **10/01/2021** | Filing Status: **Active**

General Information

Section	Question	Response
Attachments	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
Hearst Stations Inc. Doing Business As: Hearst Stations Inc.	PO Box 1800 Raleigh, NC 27602 United States	+1 (919) 839-0300	shartzell@brookspierce.com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Stephen Hartzell Brooks, Pierce, et al.	150 Fayetteville Street Suite 1700 Raleigh, NC 27601 United States	+1 (919) 839-0300	shartzell@brookspierce.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
65686	KMBC-TV	KANSAS CITY	MO	No
64444	KCWE	KANSAS CITY	MO	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
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Sarah Smith

President and 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	10/01/2021
Certified Title	President
Authorized Party Name	Jordan M. Wertlieb

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
KMBC-TV KCWE 2021 Form 396 Narrative Exhibit.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion
KMBC-TV-KCWE-TV 2020 Public File Report .pdf	Applicant	EEO Public File Report	2020 Public File Report	Done with Virus Scan and/or Conversion
KMBC-TV-KCWE-TV 2021 Public File Report .pdf	Applicant	EEO Public File Report	2021 Public File Report	Done with Virus Scan and/or Conversion