

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0009769621** | File Number: **0000170706** | Submit Date: **11/22/2021** | Call Sign: **KSTP-TV** | Facility ID: **28010**
 City: **ST. PAUL** | State: **MN**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **11/22/2021** | 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
KSTP-TV, LLC Doing Business As: KSTP-TV, LLC	3415 UNIVERSITY AVENUE, WEST ST. PAUL, MN 55114 United States	+1 (651) 642-4334	kshuldes@hbi.com	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Charles R. Naftalin FCC Legal Counsel Holland & Knight LLP	800 17th Street, N.W. Suite 1100 Washington, DC 20006 United States	+1 (202) 457-7040	charles.naftalin@hklaw.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
28010	KSTP-TV	ST. PAUL	MN	No
35641	KSTP	ST. PAUL	MN	No
35642	KSTP-FM	ST. PAUL	MN	No
35843	KSTC-TV	MINNEAPOLIS	MN	No
60641	KTMV	COON RAPIDS	MN	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

Responsibility for Implementation

**Additional
Program Report
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
Robert W. Hubbard	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	11/22/2021
Certified Title	Vice President
Authorized Party Name	Ryan Vandewiele

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
12_1_2020CombinedPublic File Report.pdf	Applicant	EEO Public File Report	12_1_2020 Combined Public File Report	Done with Virus Scan and /or Conversion
12_1_2021CombinedPublic File ReportFINAL.pdf	Applicant	EEO Public File Report	12_1_2021 Combined Public File Report FINAL	Done with Virus Scan and /or Conversion
Narrative Statement.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and /or Conversion