



(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0002710192** | File Number: **0000161321** | Submit Date: **09/30/2021** | Call Sign: **KSHB-TV** | Facility ID: **59444** |
City: **KANSAS CITY** | State: **MO**
Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/30/2021** | Filing Status: **Active**

General Information

Section	Question	Response
Attachments	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
SCRIPPS BROADCASTING HOLDINGS LLC	David Giles 312 WALNUT STREET 28TH FLOOR CINCINNATI, OH 45202 United States	+1 (513) 977-3000	DAVE.GILES@SCRIPPS.COM	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Daniel Kirkpatrick , Esq. . Counsel Baker & Hostetler LLP	1050 Connecticut Avenue Suite 1100 Washington, DC 20036 United States	+1 (202) 861-1758	dkirkpatrick@bakerlaw.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
59444	KSHB-TV	KANSAS CITY	MO	No
42636	KMCI-TV	LAWRENCE	KS	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)?	Yes
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

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
Scott Winkler	HR Director

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	09/30 /2021
Certified Title	Vice President /General Manager
Authorized Party Name	Kathleen Choal

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
KSHB EEO Narrative Statement.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion
KSHB FCC Renewal EEO Discrimination Complaint List 4814-0172-2875 v.1.pdf	Applicant	Discrimination Complaints	Discrimination Complaint Summary	Done with Virus Scan and/or Conversion
Oct 1 2019 to Sept 30 2020 KSHB-KMCI FCC report.pdf	Applicant	EEO Public File Report	2019-2020 Public File Report	Done with Virus Scan and/or Conversion
Oct 1 2020 to Sept 30 2021 KSHB-KMCI FCC report.pdf	Applicant	EEO Public File Report	2020-2021 Public File Report	Done with Virus Scan and/or Conversion