

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0018223693** | File Number: **0000182496** | Submit Date: **01/28/2022** | Call Sign: **KWCH-DT** | Facility ID: **66413**  
 City: **HUTCHINSON** | State: **KS**  
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **01/28/2022** | 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
GRAY TELEVISION LICENSEE, LLC	4370 PEACHTREE ROAD, NE ATLANTA, GA 30319 United States	+1 (404) 266-8333	Robert.Folliard@gray.tv	LLC

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Joan Stewart Wiley Rein LLP	2050 M Street, NW Washington, DC 20036 United States	+1 (202) 719-7438	jstewart@wiley.law	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
66414	KBSD-DT	ENSIGN	KS	No
66413	KWCH-DT	HUTCHINSON	KS	No
66415	KBSH-DT	HAYS	KS	No
66416	KBSL-DT	GOODLAND	KS	No
72348	KSCW-DT	WICHITA	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)?	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

### Responsibility for Implementation

**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
Brad Moses	GM/VP

**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	01/28 /2022
Certified Title	Assistant Secretary
Authorized Party Name	Robert Folliard , III .

**Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">Wichita 2021 Public File Report.pdf</a>	Applicant	EEO Public File Report	2021 Public File Report	Done with Virus Scan and/or Conversion
<a href="#">Wichita 2022 Public File Report.pdf</a>	Applicant	EEO Public File Report	2022 Public File Report	Done with Virus Scan and/or Conversion
<a href="#">Wichita Narrative Statement.pdf</a>	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion