

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0002710192** File Number: **0000192383** Submit Date: **06/01/2022** Call Sign: **KTNV-TV** Facility ID: **74100** 

City: LAS VEGAS State: NV

Service: Full Service Television Purpose: EEO Report Status: Received Status Date: 06/01/2022 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
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
Dan Kirkpatrick , Esq Attorney Baker Hostetler LLP	Dan Kirkpatrick 1050 Connecticut Avenue, N. W. 11th Floor 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
74100	KTNV-TV	LAS VEGAS	NV	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 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
Donna Roush	HR Business Partner

### 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	06/01 /2022
Certified Title	Vice President, General Manager
Authorized Party Name	Chris Way

#### **Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
KTNV EEO Discrimination Complaint Exhibit.pdf	Applicant	All Purpose	EEO Discrimination Complaint Exhibit	Done with Virus Scan and /or Conversion
KTNV EEO Public File Report - 6.1.21-5.31.22.pdf	Applicant	EEO Public File Report	2021-2022 EEO Public File Report	Done with Virus Scan and /or Conversion
KTNV-TV 2020-2021 EEO Public File Report.pdf	Applicant	EEO Public File Report	2020-2021 EEO Public File Report	Done with Virus Scan and /or Conversion
KTNV-TV License Renewal EEO  Narrative Statement.pdf	Applicant	Narrative Statement	EEO Narrative Statement	Done with Virus Scan and /or Conversion