

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0019509470** | File Number: **0000192163** | Submit Date: **05/31/2022** | Call Sign: **KHRR** | Facility ID: **30601** | City: **TUCSON** | State: **AZ**
Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **05/31/2022** | 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
NBC TELEMUNDO LICENSE LLC	Margaret Tobey 300 NEW JERSEY AVE, N.W. SUITE 700 WASHINGTON, DC 20001 United States	+1 (202) 524- 6401	MARGARET. TOBEY@NBCUNI.COM	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
H. Douglas Lung Corporate Engineering Manager NBCUniversal, LLC	PO Box 98 Honolulu, HI 96728 United States	+1 (818) 334- 4034	doug.lung@nbcuni.com	Technical Representative
Margaret L. Tobey Assistant Secretary NBCUniversal, LLC	300 New Jersey Avenue, NW Suite 700 Washington, DC 20001 United States	+1 (202) 524- 6401	margaret. tobey@nbcuni.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
30601	KHRR	TUCSON	AZ	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
Kim Caballero	Director of Human Resources

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	05/31/2022
Certified Title	Assistant Secretary
Authorized Party Name	Margaret L Tobey

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
KHRR FORM 396 EXHIBIT 1.pdf	Applicant	EEO Public File Report	EXHIBIT 1 - EEO Public File Reports	Done with Virus Scan and/or Conversion
KHRR FORM 396 EXHIBIT 2.pdf	Applicant	Narrative Statement	EXHIBIT 2 - Narrative Statement	Done with Virus Scan and/or Conversion
TEST UPLOAD.docx	Applicant	All Purpose	Test Upload	Done with Virus Scan and/or Conversion