

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0023011828** | File Number: **0000172774** | Submit Date: **11/29/2021** | Call Sign: **KWYB** | Facility ID: **14674** | City: **BUTTE** | State: **MT**

Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **11/29/2021** | 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
COWLES MONTANA MEDIA COMPANY Doing Business As: KWYB TV, NWYB TV and SWXBB TV	Director of Engineering 1201 W. Sprague Ave. SPOKANE, WA 99201 United States	+1 (509) 448-6000	khq.inc@khq.com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
JP Haid Director of Engineering Cowles Montana Media Company	Director of Engineering 1201 W. Sprague Ave. Spokane, WA 99201 United States	+1 (509) 448-6000	khq.inc@khq.com	Technical Representative
DAVID H. PAWLIK , ESQ. . Legal Counsel David H. Pawlik	1513 Defoe Street Rockville, MD 20850 United States	+1 (301) 340-3329	Dave@dhpawlik.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
14674	KWYB	BUTTE	MT	No
38576	KWYB-LD	BOZEMAN	MT	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
Keith Teske	Station Manager

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	11/29 /2021
Certified Title	Controller
Authorized Party Name	Paula R Bauer

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>KWYB 2020 Annual EEO Report.pdf</u>	Applicant	EEO Public File Report	KWYB Annual EEO Report 11/30/20	Done with Virus Scan and /or Conversion
<u>KWYB 2021 Annual EEO Report.pdf</u>	Applicant	EEO Public File Report	KWYB Annual EEO Report 11/30/21	Done with Virus Scan and /or Conversion
<u>KWYB EEO Complaints through 120121.pdf</u>	Applicant	Discrimination Complaints	KWYB EEO Complaints through 120121	Done with Virus Scan and /or Conversion
<u>KWYB EEO Plan Narrative through 120121.pdf</u>	Applicant	Narrative Statement	KWYB Plan Narrative through 120121	Done with Virus Scan and /or Conversion