

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0002322261** | File Number: **0000180224** | Submit Date: **01/18/2022** | Call Sign: **KOOD** | Facility ID: **60675** | City: **HAYS** | State: **KS**  
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **01/18/2022** | 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
<b>SMOKY HILLS PUBLIC TELEVISION CORP.</b> Doing Business As: Smoky Hills PBS	Betsy Schwien 604 ELM STREET P.O. BOX 9 BUNKER HILL, KS 67626 United States	+1 (785) 483-6990	bschwien@shptv.org	NFP

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Barry S. Persh Gray Miller Persh LLP	2233 Wisconsin Ave., NW Suite 226 Washington, DC 20007 United States	+1 (202) 776-2458	bpersh@graymillerpersh.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
60675	KOOD	HAYS	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 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
Betsy Schwien	General 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	01/18 /2022
Certified Title	General Manager
Authorized Party Name	Betsy Schwien

**Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u><a href="#">KOOD EEO Report 2020-2021.pdf</a></u>	Applicant	EEO Public File Report	EEO Public File Report 2020-2021	Done with Virus Scan and/or Conversion
<u><a href="#">KOOD EEO Report 2021-2022.pdf</a></u>	Applicant	EEO Public File Report	EEO Public File Report 2021-2022	Done with Virus Scan and/or Conversion
<u><a href="#">KOOD FCC EEO Narrative Statement.pdf</a></u>	Applicant	Narrative Statement	EEO Narrative Statement	Done with Virus Scan and/or Conversion