(REFERENCE COPY - Not for submission) Broadcast Equal Employment Opportunity Program Report

FRN: 0001549765 | File Number: 0000195553 | Submit Date: 07/22/2022 | Call Sign: KQED | Facility ID: 35500 | City: SAN FRANCISCO | State: CA

Service: Full Service Television | Purpose: EEO Report | Status: Received | Status Date: 07/22/2022 | Filing Status: Active

General	
Information	

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Name, Type and Contact Information

Licensee

Information Address Phone Email Applicant Type

2601 Mariposa St.

KQED Inc. San Francisco, CA 94110 +1 (415) 553-2425 blowery@kqed.org PNE

United States

Contact
Representatives

Contact Name	Address	S	Phone		Email		Contact Type
Stefanie Alfonso- Frank Counsel Arnold & Porter	Ave., N	gton, DC 20001	+1 (20) 6307	2) 942-	Stefanie.Alfonso- Frank@arnoldporter.co	m	Legal Representative
William Lowery General Counsel KQED Inc.	San Frai 94110	ariposa St.	+1 (41: 2425	5) 553-	blowery@kqed.org		Legal Representative
Facility Identifier	United S		Sto	to Time	Brokerage Agreement		
35500	KQED	SAN FRANCIS			Diokerage Agreement		
8214	KQED	WATSONVILI					
35663	KQEH	SAN JOSE	CA				
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Program Report

Common Stations

Questions

35663	KQEH	SAN JOSE CA No	
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 Emplo	yees	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

Responsibility for Implementation

Question

Additional 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
Adrianne Cabanatuan	Executive Director, Human Resources

Certification

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

Response

Certified Date 07/22 /2022 General

Certified Title

Authorized Party Name

William Lowery

Counsel

Uploaded Attachment Description Upload Status File Name **Attachments** By **Type** EEO Public 2020-2021 EEO Public File 2020-2021 EEO Public File Done with Virus Scan **Applicant** File Report and/or Conversion Report.pdf Report 2021-2022 EEO Public File 2021-2022 EEO Public File EEO Public Done with Virus Scan **Applicant** File Report Report.pdf Report and/or Conversion KOED Form 396 Narrative Narrative Statement **KQED** Form 396 Narrative Done with Virus Scan **Applicant** Statement.pdf Statement and/or Conversion

> Supplement to Discrimination Supplement to Discrimination Done with Virus Scan **Discrimination Complaints** Applicant

Complaints Complaints Question.pdf and/or Conversion Question