

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0006182273** | File Number: **0000201697** | Submit Date: **10/03/2022** | Call Sign: **KSYS** | Facility ID: **61350** | City: **MEDFORD** | State: **OR**  
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **10/03/2022** | 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
SOUTHERN OREGON PUBLIC TELEVISION, INC.	PHIL MEYER 28 SOUTH FIR STREET SUITE 200 MEDFORD, OR 97501 United States	+1 (541) 779-0808	phil@sopbs.org	NFP

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Anne Thomas Paxson Partner Borsari & Paxson	5335 Wisconsin Avenue, N.W. Suite 440 Washington, DC 20015 United States	+1 (202) 296-4800	atp@baplaw.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
61335	KFTS	KLAMATH FALLS	OR	No
61350	KSYS	MEDFORD	OR	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
Phil Meyer	President & CEO

## 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	10/03 /2022
Certified Title	President
Authorized Party Name	PHILLIP W. MEYER

## Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u><a href="#">KSYS &amp; KFTS EEO Narrative Statement.docx</a></u>	Applicant	Narrative Statement	KSYS-KFTS EEO Narrative Statement	Done with Virus Scan and /or Conversion
<u><a href="#">KSYS-KFTS EEO Public File Report 2019-2020.pdf</a></u>	Applicant	EEO Public File Report	2019-2020 EEO Public File Report	Done with Virus Scan and /or Conversion
<u><a href="#">KSYS-KFTS EEO Public File Report 2020-2021.pdf</a></u>	Applicant	EEO Public File Report	2020-2021 EEO Public File Report	Done with Virus Scan and /or Conversion