

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0005804406** | File Number: **0000108003** | Submit Date: **03/16/2020** | Call Sign: **WHPZ** | Facility ID: **6335** | City: **BREMEN** | State: **IN**
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **03/16/2020** | Filing Status: **Active**

General Information

Section	Question	Response
Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	WHPZ WHME 2020 EEO Report
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
FAMILY BROADCASTING CORPORATION Doing Business As: FAMILY BROADCASTING CORPORATION	61300 Ironwood Rd South Bend, IN 46614 United States	+1 (574) 291-8200	whylton@lesea.com	NFP

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
JOSEPH C. CHAUTIN, III HARDY, CAREY, CHAUTIN & BALKIN, LLP	1080 West Causeway Approach Mandeville, LA 70471 United States	+1 (985) 629-0777	JCHAUTIN@HARDYCAREY.COM	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
6335	WHPZ	BREMEN	IN	No
37149	WHME	SOUTH BEND	IN	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

Responsibility for Implementation

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
Jo Simmons	AdministrativeAssistant

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	03/16 /2020
Certified Title	President
Authorized Party Name	Andrew Sumrall

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO Public File Report WHME WHME FM WHPZ 04 01 18 - 03 31 19.pdf	Applicant	EEO Public File Report	2018-19 EEO PF Report	Done with Virus Scan and/or Conversion
EEO Public File Report WHME WHME FM WHPZ 04 01 19 - 03 31 20.pdf	Applicant	EEO Public File Report	2019-20 EEO PF Report	Done with Virus Scan and/or Conversion
WHPZ-WHME EEO Program Report Narrative Statement.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion