

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0020212445** | File Number: **0000110887** | Submit Date: **03/31/2020** | Call Sign: **WSON** | Facility ID: **26946** | City: **HENDERSON** | State: **KY**
Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **03/31/2020** | 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.	HENSON MEDIA OF HENDERSON COUNTY, LLC
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
HENSON MEDIA OF HENDERSON COUNTY, LLC Doing Business As: HENSON MEDIA OF HENDERSON COUNTY, LLC	1930 BISHOP LANE SUITE 1009 LOUISVILLE, KY 40218 United States	+1 (502) 458-4222	EDHENSON1@BELLSOUTH.NET	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
John F. Garziglia , Esq . Womble Bond Dickinson (US) LLP	John F. Garziglia, Esq. 1200 19th Street, N. W. Suite 500 Washington, DC 20036 United States	+1 (202) 857-4455	John.Garziglia@wbd-us.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
67479	WREF	SEBREE	KY	No
26946	WSON	HENDERSON	KY	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
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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
C. Edward Henson , Jr .	Manager Member

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	03/31 /2020
Certified Title	Managing Member
Authorized Party Name	C Edward Henson , Jr .

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
Annual EEO Public File Report for 2018-2019.pdf	Applicant	EEO Public File Report	Annual EEO Public File Report for 2018-2019	Done with Virus Scan and /or Conversion
Annual EEO Public File Report for 2019-2020.pdf	Applicant	EEO Public File Report	Annual EEO Public File Report for 2019-2020	Done with Virus Scan and /or Conversion
Narrative Statement.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and /or Conversion