

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0001720192** | File Number: **0000134617** | Submit Date: **02/01/2021** | Call Sign: **WLPB-TV** | Facility ID: **38586**
 City: **BATON ROUGE** | State: **LA**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **02/01/2021** | Filing Status: **Active**

General Information

Section	Question	Response
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
LOUISIANA EDUCATIONAL TELEVISION AUTHORITY	7733 PERKINS RD BATON ROUGE, LA 70810 United States	+1 (225) 767-5660	ccopeland@lpb.org	Company

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Melodie A. Virtue Foster Garvey PC	1000 Potomac St. NW Suite 200 Washington, DC 20007 United States	+1 (202) 965-7880	melodie.virtue@foster.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
38587	KLTL-TV	LAKE CHARLES	LA	No
38591	KLTS-TV	SHREVEPORT	LA	No
38589	KLTM-TV	MONROE	LA	No
38590	KLPA-TV	ALEXANDRIA	LA	No
38588	KLPB-TV	LAFAYETTE	LA	No
38586	WLPB-TV	BATON ROUGE	LA	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
Megan Wright	Human Resources Director

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	02/01 /2021
Certified Title	President and CEO
Authorized Party Name	Beth Courtney

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>Louisiana Educational Television Authority 2019-2020 Annual EEO Report.pdf</u>	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
<u>Louisiana Educational Television Authority 2020-2021 Annual EEO Report.pdf</u>	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
<u>Louisiana Educational Television Authority EEO Narrative.pdf</u>	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion