

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0004969952**

File Number: **0000119239**

Submit Date: **07/30/2020**

Call Sign: **WHA**

Facility ID: **6139**

City: **MADISON**

State: **WI**

Service: **Full Power AM**

Purpose: **EEO Report**

Status: **Received**

Status Date: **07/30/2020**

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.	WHA(AM) - WHA-TV EEO Report
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
Board of Regents of the University of Wisconsin System	1860 VAN HISE HALL 1220 LINDEN DRIVE MADISON, WI 53706 United States	+1 (608) 262-2326	board@uwsa.edu	GOE

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Derek Teslik Gray Miller Persh LLP	2233 Wisconsin Ave NW Ste 226 Washington, DC 20007 United States	+1 (202) 559-7489	dteslik@graymillerpersh.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
6139	WHA	MADISON	WI	No
6096	WHA-TV	MADISON	WI	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)?	Yes
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
Angie Rosas	Director of Human Resources

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	07/30 /2020
Certified Title	Executive Director and Corporate Secretary
Authorized Party Name	Jessica Lathrop

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">eeo-fy2019-report.pdf</a>	Applicant	EEO Public File Report	2018-2019 EEO Report	Done with Virus Scan and/or Conversion
<a href="#">FY 2020 Report.pdf</a>	Applicant	EEO Public File Report	2019-2020 EEO Report	Done with Virus Scan and/or Conversion
<a href="#">WHA 2020 EEO Narrative Statement.pdf</a>	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion
<a href="#">WPR - FCC 396 EEO Discrimination Complaint.pdf</a>	Applicant	Discrimination Complaints	Discrimination Complaint	Done with Virus Scan and/or Conversion