

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0029892536** | File Number: **0000123221** | Submit Date: **09/30/2020** | Call Sign: **WLII-DT** | Facility ID: **19777** | City: **CAGUAS** | State: **PR**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/30/2020** | 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
WLII/WSUR LICENSE PARTNERSHIP, G.P. Doing Business As: WLII/WSUR LICENSE PARTNERSHIP, G.P.	CHRISTOPHER G. WOOD 5999 CENTER DRIVE LOS ANGELES, CA 90045 United States	+1 (310) 348-3600	CWOOD@UNIVISION.NET	GEP

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
MATTHEW S. DELNERO COVINGTON & BURLING LLP	ONE CITYCENTER 850 N TENTH STREET, NW WASHINGTON, DC 20001 United States	+1 (202) 662-5543	MDELNERO@COV.COM	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
19776	WSUR-DT	PONCE	PR	No
71725	WOLE-DT	AGUADILLA	PR	No
19777	WLII-DT	CAGUAS	PR	No
60341	WSTE-DT	PONCE	PR	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
Hector Martinez Souss	President and General Manager

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	09/30/2020
Certified Title	SVP ASSOC GEN COUN GOV AND REG AFF
Authorized Party Name	CHRISTOPHER G. WOOD

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
PR 2018-2019 EEO REPORT.pdf	Applicant	EEO Public File Report	PR EEO REPORT 2018-2019	Done with Virus Scan and /or Conversion
PR EEO REPORT 2019 to 2020.pdf	Applicant	EEO Public File Report	PR EEO REPORT 2019-2020	Done with Virus Scan and /or Conversion
PR TV EEO Program Report Statement.pdf	Applicant	Narrative Statement	PR EEO Program Report Statement	Done with Virus Scan and /or Conversion
Puerto Rico TV Discrimination Complaints.pdf	Applicant	Discrimination Complaints	EEO Discrimination Complaints Exhibit	Done with Virus Scan and /or Conversion