

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0019509470** | File Number: **0000213291** | Submit Date: **03/31/2023** | Call Sign: **WCAU** | Facility ID: **63153** | City: **PHILADELPHIA** | State: **PA**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **03/31/2023** | 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
NBC Telemundo License LLC	Angela Ball 300 New Jersey Avenue, NW Suite 700 Washington, DC 20001 United States	+1 (202) 524-6413	angela.ball@nbcuni.com	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Angela Y. Ball NBCUniversal, LLC	Angela Y. Ball 300 New Jersey Avenue, NW, Suite 700 NBCUniversal, LLC Washington, DC 20001 United States	+1 (202) 524-6413	angela.ball@nbcuni.com	Legal Representative
H. DOUGLAS LUNG CORPORATE ENGINEERING MANAGER NBCUniversal, LLC	PO BOX 98 HONOMU, HI 96728 United States	+1 (818) 334-4034	DOUG.LUNG@NBCUNI.COM	Technical Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
63153	WCAU	PHILADELPHIA	PA	No
23142	WWSI	MOUNT LAUREL	NJ	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
Lia Pope	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	03/31 /2023
Certified Title	Assistant Secretary
Authorized Party Name	Angela Y. Ball

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
FORM 396 ExHIBIT 3 Final.pdf	Applicant	Discrimination Complaints	Exhibit 3 - Discrimination Complaints	Done with Virus Scan and /or Conversion
WCAU 396 Exhibit 2 w cover.pdf	Applicant	Narrative Statement	Exhibit 2 - Narrative Statement	Done with Virus Scan and /or Conversion
WCAU WWSI Ex 1 Final Public File Report w cover.pdf	Applicant	EEO Public File Report	Exhibit 1 - Public File Reports	Done with Virus Scan and /or Conversion