

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0004061909** | File Number: **0000213800** | Submit Date: **04/13/2023** | Call Sign: **WHYY-TV** | Facility ID: **72338**
 City: **WILMINGTON** | State: **DE**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **04/13/2023** | 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
WHYY, Inc.	Susan Quatresols 150 N. 6th Street Philadelphia, PA 19106 United States	+1 (215) 351-1200	squatresols@whyy.org	NFP

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Brad Deutsch Counsel Foster Garvey P.C.	1000 Potomac St., NW Suite 200 Washington, DC 20007 United States	+1 (202) 298-1793	brad.deutsch@foster.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
48486	WNJS-FM	BERLIN	NJ	No
72336	WHYY-FM	PHILADELPHIA	PA	No
48464	WNJZ	CAPE MAY COURT HOUSE	NJ	No
72335	WDPB	SEAFORD	DE	No
48483	WNJN-FM	ATLANTIC CITY	NJ	No
72338	WHYY-TV	WILMINGTON	DE	No
48460	WNJM	MANAHAWKIN	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
Ruth Clauser	VP of Administration

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	04/13/2023
Certified Title	Director, Government Affairs and Assistant General Counsel
Authorized Party Name	Susan Quatresols

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>WHYY - 2021-2022 EEO Report.pdf</u>	Applicant	EEO Public File Report	WHYY - 2021-2022 EEO Report	Done with Virus Scan and/or Conversion
<u>WHYY - 2022-2023 EEO Report.pdf</u>	Applicant	EEO Public File Report	WHYY - 2022-2023 EEO Report	Done with Virus Scan and/or Conversion
<u>WHYY - 2023 Discrimination Complaints Exhibit.pdf</u>	Applicant	Discrimination Complaints	WHYY - 2023 Discrimination Complaints Exhibit	Done with Virus Scan and/or Conversion
<u>WHYY - 2023 EEO Narrative Exhibit.pdf</u>	Applicant	Narrative Statement	WHYY - 2023 EEO Narrative Exhibit	Done with Virus Scan and/or Conversion