

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0022824668** | File Number: **0000160883** | Submit Date: **09/29/2021** | Call Sign: **WHO-DT** | Facility ID: **66221** | City: **DES MOINES** | State: **IA**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/29/2021** | 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
Tribune Broadcasting Company II LLC	Elizabeth Ryder PO Box Irving, TX 75062 United States	+1 (972) 373-8800	eryder@nexstar.tv	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Brad Olk VP Technology Tribune Broadcasting Company II, LLC	Brad Olk 1801 GRAND AVENUE DES MOINES, IA 50309 United States	+1 (515) 242-3500	Brad.Olk@whotv.com	Technical Representative
Elizabeth Ryder General Counsel Nexstar Media Inc.	545 E. John Carpenter Freeway Suite 700 Irving, TX 75061 United States	+1 (972) 373-8800	eryder@nexstar.tv	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
66221	WHO-DT	DES MOINES	IA	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
Bobby Totsch	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	09/29 /2021
Certified Title	General Counsel
Authorized Party Name	Elizabeth Ryder

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>WHO-DT EEOC Complaint Status.pdf</u>	Applicant	Discrimination Complaints	Discrimination Complaint narrative	Done with Virus Scan and /or Conversion
<u>WHO-DT License Renewal EEO Narrative .pdf</u>	Applicant	Narrative Statement	WHO-DT Narrative Statement	Done with Virus Scan and /or Conversion
<u>WHO-eeo-public-file-report-2020.pdf</u>	Applicant	EEO Public File Report	WHO 19-20 EEO Report	Done with Virus Scan and /or Conversion
<u>WHO-TV- 2021-Annual-EEO-Public-File-Report.pdf</u>	Applicant	EEO Public File Report	2021 EEO Report	Done with Virus Scan and /or Conversion