

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0007164544File Number: 0000186101Submit Date: 03/08/2022Call Sign: WPPZ-FMFacility ID: 12211City: PENNSAUKENState: NJService: Full Power FMPurpose: EEO ReportStatus: ReceivedStatus Date: 03/08/2022Filing Status: Active

General	Section	Question	Response	
Information	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.	REVISED Philadelphia (WPPZ) SEU EEO Program Report	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
RADIO ONE LICENSES, LLC Doing Business As: Urban One, Inc.	Sonya M. Hall-Harris 1010 Wayne Avenue, 14th floor SILVER SPRING, MD 20910 United States	+1 (301) 266- 8476	SHARRIS@RADIO-ONE. COM	LLC

Contact	Contact Name	Address		Phone	Email		Contact Type
Representatives	Sonya M. Hall- Harris Corporate Paralegal Urban One, Inc.	Sonya M. Hall-Harris 1010 Wayne Avenue, 14th floor Silver Spring, MD 20910 United States		+1 (301) 266- 8476	sharris@Urban1.com		Legal Representative
	GREG Strickland ENGINEER Urban One, Inc.	Greg Strickland 1010 Wayne Avenue, 14th floor Silver Spring, MD 2091 United States		+1 (301) 429- 3254	GSTRICKLAND@RADIO-ONE. COM		ONE. Technical Representative
Common	Facility Identifier	Ca	II Sign	City	State	Time Broke	rage Agreement
Stations 12	12211	W	PPZ-FM	PENNSAUKEN	NJ	No	
Program Report	Section		Question				Response
Questions	Discrimination Co	omplaints	this license te jurisdiction ur	nding or resolved com erm before any body h nder federal, state, ten wful discrimination in	having competer	ent Iaw,	No

of the station(s)?

	Full-time Employees	full-time employe	es? Conside	it unit employ fewer th r as "full-time" employ) or more hours a wee	yees all	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				
	Karen Wishart				EVP				
Certification	Question						Response		
	The undersigned certifies t trustee, authorized employ on behalf of the party filing F.R. Section 1.23(a), who i or she has read the docum ground to support it; and th	ee, or other individual the report; or (b) an at s authorized to represe ent; that to the best of	or duly electe torney qualifi ent the party his or her kn	ed or appointed officia ed to practice before filing the report, and v	al who is autho the Commissi who further ce	prized to sign ion under 47 C. rtifies that he			
	Certified Date						03/08 /2022		
	Certified Title						Corporate Paralegal		
	Authorized Party Name						Sonya Harris		
Attachments	File Name		Uploaded By	Attachment Type	Descriptio	n Upload Statu	S		
	Discrimination Complaints	- Philadelphia pdf	Applicant	Discrimination		Done with Vir	us Scan and		

File Name	Ву	Attachment Type	Description	Upload Status
Discrimination Complaints - Philadelphia.pdf	Applicant	Discrimination Complaints		Done with Virus Scan and /or Conversion
REVISED Philadelphia EEO - Public File Report - 2019-20.pdf	Applicant	EEO Public File Report		Done with Virus Scan and /or Conversion
<u>REVISED Philadelphia EEO - Public File</u> <u>Report - 2020-21.pdf</u>	Applicant	EEO Public File Report		Done with Virus Scan and /or Conversion
REVISED Philadelphia SEU - Form 396 Narrative Statement.pdf	Applicant	Narrative Statement		Done with Virus Scan and /or Conversion