

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0002107274** | File Number: **0000114837** | Submit Date: **05/29/2020** | Call Sign: **WETA-TV** | Facility ID: **65670**  
 City: **WASHINGTON** | State: **DC**  
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **05/29/2020** | 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
Greater Washington Educational Telecommunications Association	3939 Campbell Avenue Arlington, VA 22206 United States	+1 (703) 998-2600	ldelaney@weta.org	NFP

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Margaret L. Miller Gray Miller Persh LLP	2233 Wisconsin Ave., NW Suite 226 Washington, DC 20007 United States	+1 (202) 776-2914	mmiller@graymillerpersh.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
65669	WETA	WASHINGTON	DC	No
65670	WETA-TV	WASHINGTON	DC	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
Iris Drayton Spann	Vice President HR and Organizational Development

**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	05/29 /2020
Certified Title	SVP and General Counsel
Authorized Party Name	Lisa Lindstrom Delaney

**Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">Discrimination Complaint.pdf</a>	Applicant	Discrimination Complaints	Discrimination Complaint	Done with Virus Scan and/or Conversion
<a href="#">WETA EEO Narrative Statement.pdf</a>	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion
<a href="#">WETA-TV-FM 2018-2019 Annual EEO Public File Report.pdf</a>	Applicant	EEO Public File Report	WETA-TV-FM 2018-2019 Annual EEO Public File Report	Done with Virus Scan and/or Conversion
<a href="#">WETA-TV-FM 2019-2020 Annual EEO Public File Report.pdf</a>	Applicant	EEO Public File Report	WETA-TV-FM 2019-2020 Annual EEO Public File Report	Done with Virus Scan and/or Conversion