



(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0002900348** | File Number: **0000141179** | Submit Date: **03/26/2021** | Call Sign: **WNIT** | Facility ID: **41671** | City: **SOUTH BEND** | State: **IN**  
Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **03/26/2021** | 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
MICHIANA PUBLIC BROADCASTING CORPORATION	Brian L. Hoover P.O. BOX 7034 SOUTH BEND, IN 46634 United States	+1 (574) 675-9648	WNIT@WNIT.ORG	NFP

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
BRIAN L. HOOVER EMPLOYEE MICHIANA PUBLIC BROADCASTING CORPORATION	P.O. BOX 7034 SOUTH BEND, IN 46634 United States	+1 (574) 675-9648	BHOOVER@WNIT.ORG	Technical Representative
Barry S. Persh GRAY MILLER PERSH LLP	2233 Wisconsin Ave., NW, Ste. 226 Washington, DC 20007 United States	+1 (202) 776-2571	bpersh@graymillerpersh.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
41671	WNIT	SOUTH BEND	IN	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

### Responsibility for Implementation

Questions

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
Gregory J. Giczi	President & 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	03/26 /2021
Certified Title	President and General Manager
Authorized Party Name	Gregory J Giczi

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>WNIT 2020-2021 EEO Public File Report.pdf</u>	Applicant	EEO Public File Report	EEO Public File Report 2020-2021	Done with Virus Scan and /or Conversion
<u>WNIT EEO Public File Report 2019-2020.pdf</u>	Applicant	EEO Public File Report	EEO Public File Report 2019-2020	Done with Virus Scan and /or Conversion
<u>WNIT FCC EEO Discrimination Complaint Exhibit.pdf</u>	Applicant	Discrimination Complaints	Discrimination Complaint	Done with Virus Scan and /or Conversion
<u>WNIT FCC EEO Narrative Statement.pdf</u>	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and /or Conversion