

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0005022751** | File Number: **0000200644** | Submit Date: **09/21/2022** | Call Sign: **KTBW-TV** | Facility ID: **67950**  
 City: **TACOMA** | State: **WA**  
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/21/2022** | Filing Status: **Active**

## General Information

Section	Question	Response
<b>Attachments</b>	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
<b>TRINITY BROADCASTING OF WASHINGTON</b>	13600 Heritage Parkway Suite 200 Fort Worth, TX 76177 United States	+1 (855) 826-2255	cmmay@maylawoffices.com	NFP

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Kevin T. Fisher Broadcast Consultant Smith & Fisher	4791 Wintergreen Court Woodbridge, VA 22192 United States	+1 (703) 494-2101	Kevin@smithandfisher.com	Technical Representative
Colby M. May , Esq. . Attorney COLBY M. MAY, ESQ., P.C.	P. O. Box 15473 WASHINGTON, DC 20003 United States	+1 (202) 544-5171	CMMAY@MAYLAWOFIFCES.COM	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
67950	KTBW-TV	TACOMA	WA	No

## Program Report Questions

Section	Question	Response
<b>Discrimination Complaints</b>	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)?	No
<b>Full-time Employees</b>	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?	Yes

**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	09/21 /2022
Certified Title	Assistant Secretary
Authorized Party Name	John B Casoria , Esq. .

**Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u><a href="#">FCC Form 396 -- Exhibit 1 -- EEO Complaints (KTBW, Tacoma, Washington) (October 2022).docx</a></u>	Applicant	All Purpose		Done with Virus Scan and/or Conversion