



(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Mid-Term Report

FRN: **0007158843** | File Number: **0000022505** | Submit Date: **03/31/2017** | Call Sign: **WFWA** | Facility ID: **22108** | City: **FORT WAYNE** | State: **IN**

Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **03/31/2017** | 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 |
|---|---|-------------------|----------------------|----------------|
| FORT WAYNE PUBLIC TELEVISION, INC. Doing Business As: FORT WAYNE PUBLIC TELEVISION, INC. | 2501 EAST COLISEUM BOULEVARD FORT WAYNE, IN 46805 United States | +1 (260) 484-8839 | brucehaines@wfw. org | NFP |

Contact Representatives

Information not provided.

Common Stations

| Facility Identifier | Call Sign | City | State | Time Brokerage Agreement |
|---------------------|-----------|------------|-------|--------------------------|
| 22108 | WFWA | FORT WAYNE | IN | No |

Mid-Term Report Questions

| Section | Question | Response |
|-----------------|---|----------|
| Mid-Term Report | Does your station employment unit employ fewer than five full-time employees? | No |

Additional Mid-Term 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 |
|------------|--------------------------|
| TOM THEARD | HUMAN RESOURCES DIRECTOR |

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 | 03/31 /2017 |

| | |
|-----------------------|-------------------------------|
| Certified Title | President and General Manager |
| Authorized Party Name | Bruce R. Haines |

Attachments

| File Name | Uploaded By | Attachment Type | Description | Upload Status |
|--|-------------|-----------------|----------------------------------|--|
| <u>WFWA EEO Public File Report 2015-16.pdf</u> | Applicant | All Purpose | 2015-2016 EEO Public File Report | Done with Virus Scan and/or Conversion |
| <u>WFWA EEO Public File Report 2016-17.pdf.pdf</u> | Applicant | All Purpose | 2016-2017 EEO Public File Report | Done with Virus Scan and/or Conversion |