

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0003189248** | File Number: **0000141985** | Submit Date: **03/31/2021** | Call Sign: **WDRB** | Facility ID: **28476** | City: **LOUISVILLE** | State: **KY**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **03/31/2021** | Filing Status: **Active**

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
INDEPENDENCE TELEVISION COMPANY	Chief Engineer 624 W. MUHAMMAD ALI BLVD LOUISVILLE, KY 40203 United States	+1 (502) 584-6441	gschroder@wdrb.com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Christina H. Burrow Legal Representative Cooley LLP	Christina H. Burrow 1299 Pennsylvania Ave., NW Suite 700 Washington, DC 20004 United States	+1 (202) 776-2687	cburrow@cooley.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
28476	WDRB	LOUISVILLE	KY	No
34167	WBKI	SALEM	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 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
Dale Woods	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	03/31 /2021
Certified Title	Vice President and General Manager
Authorized Party Name	Dale Woods

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
WDRB WBKI 2019-2020 Annual EEO Public File report.pdf	Applicant	EEO Public File Report	WDRB-WBKI 2019-2020 Annual EEO Public File Report	Done with Virus Scan and/or Conversion
WDRB WBKI 2020-2021 Annual EEO Public File Report.pdf	Applicant	EEO Public File Report	WDRB-WBKI 2020-2021 Annual EEO Public File Report	Done with Virus Scan and/or Conversion
WDRB-WBKI EEO Report Complaints Exhibit.pdf	Applicant	Discrimination Complaints	WDRB-WBKI EEO Complaints Exhibit	Done with Virus Scan and/or Conversion
WDRB-WBKI Model EEO Report Narrative Statement April 1 2020- March 31 2021.pdf	Applicant	Narrative Statement	WDRB-WBKI Narrative Statement	Done with Virus Scan and/or Conversion