

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0002871614** | File Number: **0000142652** | Submit Date: **04/01/2021** | Call Sign: **WIPB** | Facility ID: **3646** | City: **MUNCIE** | State: **IN**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **04/01/2021** | 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
BALL STATE UNIVERSITY	Daniel R. Lutz 2000 WEST UNIVERSITY AVENUE MUNCIE, IN 47306 United States	+1 (765) 285-1249	dlutz@bsu.edu	GOE

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Brad Deutsch Foster Garvey PC	1000 Potomac St. NW Suite 200 Washington, DC 20007 United States	+1 (202) 298-1793	brad.deutsch@foster.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
3648	WBSH	HAGERSTOWN	IN	No
3646	WIPB	MUNCIE	IN	No
3645	WBST	MUNCIE	IN	No
47007	WWHI	MUNCIE	IN	No
3650	WBSB	ANDERSON	IN	No
3649	WBSW	MARION	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)?	No
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
Daniel Lutz	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	04/01 /2021
Certified Title	Vice President for Business Affairs and Treasurer
Authorized Party Name	Alan Finn

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
Ball State University 2019-2020 Annual EEO Report.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
Ball State University 2020-2021 Annual EEO Report.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
Ball State University EEO Narrative - WIPB-TV.pdf	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion