

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0002912798** | File Number: **0000147306** | Submit Date: **05/26/2021** | Call Sign: **WGTE-TV** | Facility ID: **66285** |
 City: **TOLEDO** | State: **OH**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **05/26/2021** | 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
PUBLIC BROADCASTING FOUNDATION OF NORTHWEST OHIO	1270 SOUTH DETROIT AVENUE TOLEDO, OH 43614 United States	+1 (419) 380-4644	michelle_turner@wgte.org	NFP

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
66287	WGTE-FM	TOLEDO	OH	No
66285	WGTE-TV	TOLEDO	OH	No
53733	WGBE	BRYAN	OH	No
53715	WGLE	LIMA	OH	No
53713	WGDE	DEFIANCE	OH	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

Responsibility for Implementation

Additional
Program Report
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
Michelle Turner	Director of Human Resources Management Services

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	05/26 /2021
Certified Title	President and CEO
Authorized Party Name	Marlon Kiser

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
Public Broadcasting Foundation of NW Ohio 2019-2020 Annual EEO Report.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
Public Broadcasting Foundation of NW Ohio 2020-2021 Annual EEO Report.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
Public Broadcasting Foundation of NW Ohio 2021 EEO Narrative.pdf	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion