



(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0003410461** | File Number: **0000208000** | Submit Date: **01/25/2023** | Call Sign: **WNED-TV** | Facility ID: **71928**

City: **BUFFALO** | State: **NY**

Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **01/25/2023** | 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
WESTERN NY PUBLIC BROADCASTING ASSOC. Doing Business As: WNED-TV	JOSEPH C. PUMA PO Box 1263 BUFFALO, NY 14240 United States	+1 (716) 845-7000	jpuma@wned.org	NFP

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
JOSEPH C PUMA VP ENGINEERING & TECHNOLOGY WESTERN NEW YORK PUBLIC BROADCASTING ASSOCIATION	PO Box 1263 HORIZONS PLAZA BUFFALO, NY 14240 United States	+1 (716) 845-7000	JPUMA@WNED.ORG	Technical Representative
Melodie A. Virtue , Esq . Principal Foster Garvey PC	1000 Potomac Street, N.W. Suite 200 Washington, DC 20007 United States	+1 (202) 298-2527	melodie.virtue@foster.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
71928	WNED-TV	BUFFALO	NY	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
Nancy Hammond	EVP and COO

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	01/25 /2023
Certified Title	Executive Vice President and Chief Operating Officer
Authorized Party Name	Nancy Hammond

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>2022 EEO Public File Report.pdf</u>	Applicant	EEO Public File Report	2022 EEO Public File Report	Done with Virus Scan and/or Conversion
<u>2023 EEO Public File Report.pdf</u>	Applicant	EEO Public File Report	2023 EEO Public File Report	Done with Virus Scan and/or Conversion
<u>BTPM - EEO Narrative Exhibit 2023.pdf</u>	Applicant	Narrative Statement	EEO Narrative Statement	Done with Virus Scan and/or Conversion