



Member Certification Form

PBS Membership Station Membership Certification and Agreement

FY 2025 (July 1, 2024 - June 30, 2025)

| | |
|---------------------|----------------------|
| Status | Approved |
| First and Last Name | Jenn Gordon |
| Email Address | jenn.gordon@wtpv.org |

This PBS Member Station Membership Certification and Agreement (the “Agreement”) is made by and between the Public Broadcasting Service, a District of Columbia not-for-profit corporation with its principal place of business at 2100 Crystal Drive, Arlington, Virginia, 22202, (“PBS”) and WTVP (“Member Organization”) the licensee of PBS member stations as further described below in Section I.

Member Organization hereby submits the following information and makes the designations and certifications for FY 2025 as set forth below:

I. Member Organization and Station Information

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|---|---|
| Station Call Letters (or State Network) | WTVP |
| Licensee Organization (as listed on FCC license): | Illinois Valley Public Telecommunications Corporate |

| | |
|---------------------------------------|--------------------------------------|
| Operating Organization (if different) | N/A |
| License Type | Community |
| Organization Address | 101 State Street Peoria, IL 61602 |

Transmitter Information

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| Please list call letters and city of license for each transmitter below: |
| WTVP-TV Peoria |

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|--|
| Please detail below any changes to your transmitter or operation since your last membership certification submission that may have impacted your digital population coverage. (For example, change in the number of transmitters, location, power, etc.) |
| n/a |

Digital Services

Please provide below the name and general description of each of your station's multicast channels. You should identify but do not need to provide a description of nationally packaged channels like PBS KIDS 24/7 Channel, World, Create, FNX, V-me.

| | |
|---------------------|-----------------|
| Channel 1 | PBS |
| Channel 2 | PBS Kids |
| Channel 3 | World |
| Channel 4 | Create |
| Channel 5 | Remote Learning |
| Primary PBS Channel | PBS |

Cable / Satellite / FiOS / Internet / Other

Please describe any additional services your station is providing via Cable, Satellite, FiOS, Mobile, the Internet. (e.g., an education channel on cable.)

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|----------------------------|
| Additional Services |
| none |

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|--------------------------------|
| Additional FCC Licenses |
| none |

II. Designation of Representatives of Members

Article III of the PBS By-Laws requires that each Member annually designate three representatives as follows:

- One professional representative, who shall be an officer or employee of the Member.
- Two lay representatives, each of whom shall be a member of that Member's Board of Directors (or equivalent governing body) or its designee, but in no event a person employed as a noncommercial broadcast professional; and

under the By-Laws, any one of the representatives, at the Member's designation, shall represent, vote and act for the Member in all affairs of PBS in which the Member is entitled to vote or participate (e.g., the Annual Meeting of the Members and the election of professional directors to the Board). A Member may change its representatives at will and may appoint a substitute representative by giving written notice to the PBS Corporate Secretary.

Please designate your station's professional and lay representatives below:

Professional Representative

| | |
|-------------|-------------|
| Name | Jenn Gordon |
|-------------|-------------|

| | |
|-----------------|------------------------------------|
| Job Title | President and CEO |
| Mailing Address | 101 State Street, Peoria, IL 61602 |
| Email Address | jenn.gordon@wtp.org |
| Phone Number | 309-645-0201 |

NOTE: For purposes of communications regarding governance and station services matters, PBS will contact the Professional Representative identified above.

Lay Representative 1

| | |
|-----------------|------------------------------------|
| Name | John Wieland |
| Job Title | Chairman of the Board of Directors |
| Mailing Address | 101 State Street, Peoria, IL 61602 |
| Email Address | jwieland@mhequipment.com |
| Phone Number | 309-208-0918 |

Lay Representative 2

| | |
|-----------------|--------------------------------------|
| Name | Dr. Andrew Chiou |
| Job Title | Vice Chair of the Board of Directors |
| Mailing Address | 101 State Street, Peoria, IL 61602 |
| Email Address | andychiou@aol.com |
| Phone Number | 309-303-7875 |

III. Membership Certification

On behalf of the Member Organization, a member of the Public Broadcasting Service, I certify that the public television broadcast station or stations operated by the Member Organization shall at all times comply with the PBS By-Laws and the policies, terms and conditions of membership established thereunder (collectively, the “Membership Rules”), including, but not limited to:

- Policy on Admission to PBS Membership
- Benefits and Obligations of PBS Membership
- PBS Membership Eligibility Criteria and Requirements
- Terms and Conditions for Use of PBS Content
- Policy Governing PBS Program Differentiation Plan
- PBS Common Carriage Guidelines
- PBS Fundraising Programming (PFP)
- PBS Guidelines for At-Risk and Unserved Areas
- Policy Governing Use of the Passport Service
- Policy Governing Use of PBS KIDS 24/7 Multicast Channel and Related Services
- Policy Governing Use of PBS Content in Member Station and Third-Party Products and Services
- Criteria for Evaluation of Sister Station Eligibility for Separate PBS Membership
- Prerelease Guidelines for PBS Programs
- PBS Policy on Member Station Accounts Receivable

I acknowledge that the Membership Rules are available to the Member Organization for review for review (at <https://hub.pbs.org/managing-your-station/pbs-policies-by-laws>) and that it is the Member Organization’s responsibility to be aware of all current Membership Rules and any future modifications or additions thereto.

I further certify that the information provided in this Agreement is true and correct to the best of my knowledge and belief, and that I am authorized to make the certifications contained herein on behalf of the Member Organization. I understand and acknowledge that this certification is a requirement of membership in PBS.

| | |
|-----------|-------------------|
| Signature | Jenn Gordon |
| Title | President and CEO |
| Date | 05/28/2024 |

If you have any questions about this certification, please contact Thomas Crockett (tcrockett@pbs.org).