

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0020304432
 File Number:
 0000110040
 Submit Date:
 03/30/2020
 Call Sign:
 WHBE-FM
 Facility ID:
 42126

 City:
 EMINENCE
 State:
 KY

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 03/30/2020
 Filing Status:
 Active

General Information	Section	Question	Response
	Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	UB Louisville EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
UB LOUISVILLE, LLC Doing Business As: UB LOUISVILLE, LLC	Chad Boeger 6721 WEST 121ST STREET OVERLAND PARK, KS 66209 United States	+1 (913) 344- 1500	CHADBOEGER@810WHB. COM	LLC

Contact Representatives	Contact Name	Address	Phone	Email	Contact Type
	Nancy A. Ory , Esq. FCC Counsel Lerman Senter PLLC	2001 L Street, NW 400 Washington, DC 2 United States	6791	416- nory@l com	lermansenter. Legal Representative
Common	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
Stations	58380	WLCL	SELLERSBURG	IN	No
	42126	WHBE-FM	EMINENCE	KY	No
	56520	WHBE	NEWBURG	KY	No
Program Report	Section	Question			Response
Questions	Discrimination Com	this licens jurisdictio	pending or resolved c e term before any bod n under federal, state, nlawful discrimination	ν,	

	alleging unlawful discrimination in the employment practices of the station(s)?	
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		
	Drew Deener		Vice President		
Certification	Question				Response
	The undersigned certifies that he of trustee, authorized employee, or of on behalf of the party filing the repo- F.R. Section 1.23(a), who is author or she has read the document; that ground to support it; and that it is n	ther individual or duly elect ort; or (b) an attorney quali rized to represent the party t to the best of his or her kr	ted or appointed official who i fied to practice before the Co filing the report, and who fur	is authorized to sign ommission under 47 C. ther certifies that he	
	Certified Date				03/30 /2020
	Certified Title				Managing Member
	Authorized Party Name				Chad Boeger
Attachments	File Name	Uploaded By Attachment	Type Description	Unload Status	

51115	File Name	By	Attachment Type	Description	Upload Status
	EEO Narrative Statement.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion
	<u>UB Louisville EEO PFR 2018-</u> 19.pdf	Applicant	EEO Public File Report	EEO PFR 2018- 19	Done with Virus Scan and/or Conversion
	<u>UB Louisville EEO PFR 2019-</u> 2020.pdf	Applicant	EEO Public File Report	EEO PFR 2019- 20	Done with Virus Scan and/or Conversion