

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0005936414** | File Number: **0000140175** | Submit Date: **03/18/2021** | Call Sign: **WHTN** | Facility ID: **11117** | City: **MURFREESBORO** | State: **TN**

Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **03/18/2021** | 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
CHRISTIAN TELEVISION NETWORK, INC. Doing Business As: CHRISTIAN TELEVISION NETWORK, INC.	Robert Evans P.O. Box 6922 Clearwater, FL 33758 United States	+1 (727) 535-5622	revans@ctntv.net	NFP

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Joseph C Chautin , III . Legal Counsel Hardy, Carey, Chautin & Balkin, L.L.P.	1080 West Causeway Approach Mandeville, LA 70471 United States	+1 (985) 629-0777	jchautin@hardycarey.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
11117	WHTN	MURFREESBORO	TN	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
Monica Schmelter	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	03/18 /2021
Certified Title	President
Authorized Party Name	Robert D'Andrea

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>WHTN 2019-20 EEO PF Report.pdf</u>	Applicant	EEO Public File Report	2019-20 EEO PF Report	Done with Virus Scan and/or Conversion
<u>WHTN 2020-21 EEO PF Report.pdf</u>	Applicant	EEO Public File Report	2020-21 EEO PF Report	Done with Virus Scan and/or Conversion
<u>WHTN EEO Program Report (narrative statement).pdf</u>	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion