



(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0003797305** | File Number: **0000142029** | Submit Date: **03/31/2021** | Call Sign: **WNAB** | Facility ID: **73310** | City: **NASHVILLE** | State: **TN**  
Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **03/31/2021** | 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
NASHVILLE LICENSE HOLDINGS, L.L.C. Doing Business As: NASHVILLE LICENSE HOLDINGS, L.L.C.	Dennis Breckey, Chief Operator 11400 WEST OLYMPIC BLVD. SUITE 590 LOS ANGELES, CA 90064 United States	+1 (615) 512-5282	dbreckey@wnab.com	LLC

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Dennis Breckey Station Manager / Chief Operator WNAB/Nashville Broadcasting LP	631 Mainstream Dr. Nashville, TN 37228 United States	+1 (615) 512-5282	dbreckey@wnab.com	Technical Representative
Christina H. Burrow Legal Representative Cooley LLP	Christina H. Burrow 1299 Pennsylvania Ave., NW Suite 700 Washington, DC 20004 United States	+1 (202) 776-2687	cburrow@cooley.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
73310	WNAB	NASHVILLE	TN	Yes

## 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?	Yes
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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	03/31/2021
Certified Title	Member of the General Partner of the Sole Member
Authorized Party Name	Michael Lambert

Attachments

No Attachments.