Approved by OMB (Office of Management and Budget) | OMB Control Number 3060-0113

Federal Communications Commission

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0003828696** | File Number: **0000139759** | Submit Date: **03/15/2021** | Call Sign: **WBBJ-TV** | Facility ID: **65204** | City: **JACKSON** | State: **TN**

Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **03/15/2021** | 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
TENNESSEE BROADCASTING PARTNERS Doing Business As: TENNESSEE BROADCASTING PARTNERS	Amy Liz Pittenger One Television Place Charlotte, NC 28205 United States	+1 (704) 632-7227	apittenger@bahakel.com	GEP

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
M. Anne Swanson Legal Counsel Wilkinson Barker Knauer LLP	M. Anne Swanson 1800 M Street NW Suite 800N Washington, DC 20036 United States	+1 (202) 383-3342	ASwanson@wbklaw.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
65204	WBBJ-TV	JACKSON	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
Thelma Jones	Business 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	03/15 /2021
Certified Title	President of Managing Partner of Licensee
Authorized Party Name	Beverly B. Poston

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
Tennessee Broadcasting Partners Annual EEO Report 2018-2019.pdf	Applicant	EEO Public File Report	Tennessee Broadcasting Partners Annual EEO Report 2018-2019	Done with Virus Scan and/or Conversion
Tennessee Broadcasting Partners Annual EEO Report 2019-2020.pdf	Applicant	EEO Public File Report	Tennessee Broadcasting Partners Annual EEO Report 2019-2020	Done with Virus Scan and/or Conversion
Tennessee Broadcasting Partners EEO Narrative Statement.pdf	Applicant	Narrative Statement	Tennessee Broadcasting Partners EEO Narrative Statement	Done with Virus Scan and/or Conversion