

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0001812692** | File Number: **0000083294** | Submit Date: **10/01/2019** | Call Sign: **WMNF** | Facility ID: **47459** | City: **TAMPA** | State: **FL**
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **10/01/2019** | 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.	Schedule 396 Nathan B. Stubblefield Foundation - WMNF(FM)
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
NATHAN B. STUBBLEFIELD FOUNDATION	1210 EAST M.L.K. BLVD TAMPA, FL 33603 United States	+1 (813) 238-8001	cindy@wmnf.org	NFP

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Melodie Virtue Foster Garvey	1000 Potomac St. NW Suite 200 Washington, DC 20007 United States	+1 (202) 965-7880	mvirtue@gsblaw.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
47459	WMNF	TAMPA	FL	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)?	Yes
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
Cindy Reichard	Interim General 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	10/01/2019
Certified Title	Board President
Authorized Party Name	David Harbeitner

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>2018 Annual EEO Report for WMNF.pdf</u>	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
<u>2019 Annual EEO Report for WMNF.pdf</u>	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
<u>Nathan B. Stubblefield Foundation Discrimination Complaint Exhibit.pdf</u>	Applicant	Discrimination Complaints		Done with Virus Scan and/or Conversion
<u>Nathan B. Stubblefield Foundation EEO Narrative.pdf</u>	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion