

FCC 395	FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554 COMMON CARRIER ANNUAL EMPLOYMENT REPORT <small>[Please read instructions before completing and for Notice regarding public burden.]</small>				Approved by OMB 3060-0076 Est. time per response: 1 hour									
SECTION 1 - General Information														
1 Name and Mailing Address of Respondent : <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Tennessee RSA No. 3 Limited Partnership 8410 Bryn Mawr Ave Chicago, Illinois 60631 </div> <div style="width: 35%; text-align: right;"> <i>Internal Company Code(s): 0860</i> </div> </div>														
FRN: 1768134 2. Year Report Filed <div style="text-align: center;">2018</div>		3. Reporting Period (Ending Date of Pay Period Covered by Report) <div style="text-align: center;">3/15/2018 to 3/31/2018</div>		4 Number of Full-Time Employees during Selected Reporting Period (check one) a. <input checked="" type="checkbox"/> Fewer than 16 (complete Sections 1, IV, and V only) b. <input type="checkbox"/> 16 or more (complete all sections)										
SECTION II - Full Time Employees.														
Job Categories		Number of Employees (Report employees in only one category)												
		Race/Ethnicity												
		Not-Hispanic or Latino												
		Hispanic or Latino												
		Male		Female			Total Columns A-N							
Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native		Two or more races						
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Executive/Senior Level Officials and Managers 1.1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers 1.2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers 4	0	0	2	0	0	0	0	0	5	0	0	0	1	8
Administrative Support Workers 5	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers 6	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives 7	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers 8	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers 9	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL 10	0	0	2	0	0	0	0	0	5	0	0	0	1	8
PREVIOUS YEAR TOTAL 11	0	0	2	0	0	0	0	0	7	0	0	0	1	10

Number of Employees
(Report employees in only one category)

SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311

☐ This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct

5/5/15/2018	Typed or Printed Name of Person Signing	Signature	Telephone No
	Gina M. Cozzone		773 399-7047

WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1)) AND/OR FORFEITURE (47 U.S.C. 503)