

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT CONSOLIDATED REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID CK24532			EMPLOYER NAME CW NETWORK LLC												
ADDRESS 2900 West Alameda Avenue, 3RD FLOOR						CITY/TOWN BURBANK			STATE CA		ZIP CODE 91505				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS						CITY/TOWN			STATE		ZIP CODE				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 205074440															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 516120 - Television Broadcasting Stations															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	16	0	1	1	0	0	9	1	1	0	0	0	29
First/Mid-Level Officials and Managers	4	5	18	3	4	0	0	2	13	0	5	0	0	1	55
Professionals	2	2	14	2	2	0	0	0	3	0	2	0	0	0	27
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Sales Workers	0	0	2	0	1	0	0	0	2	0	0	0	0	0	5
Administrative Support Workers	1	0	0	0	0	0	0	0	3	1	0	0	0	0	5
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	7	7	50	5	8	1	0	2	30	2	8	0	0	2	122
PRIOR 2023 REPORTING YEAR TOTAL	11	12	57	3	6	1	0	2	52	5	10	0	0	1	160
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/1/2024 - 12/31/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) Not Applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)			EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026	
SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION				
EMPLOYER IDENTIFICATION				
OFS COMPANY ID CK24532		EMPLOYER NAME CW NETWORK LLC		
ADDRESS 2900 West Alameda Avenue, 3RD FLOOR		CITY/TOWN BURBANK	STATE CA	ZIP CODE 91505
CERTIFICATION COMMENTS (optional)				
No Certification Comments Provided				
CERTIFICATION STATEMENT <i>"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."</i> Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.				
DATE OF CERTIFICATION 6/3/2025 5:25 PM [EST]				
EMPLOYER'S CERTIFYING OFFICIAL				
Name of Employer's Certifying Official Adrian Yanez		Title of Certifying Official Director, Human Resources		
Email Address of Certifying Official adrian.yanez@cwtv.com		Telephone Number of Certifying Official 818-977-2643		
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC Adrian Yanez		Title and Employer of Primary POC Director, Human Resources CW Network LLC		
Email Address of Primary POC adrian.yanez@cwtv.com		Telephone Number of Primary POC 818-977-2643		

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT HEADQUARTERS REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID CK24532			EMPLOYER NAME CW NETWORK LLC												
ADDRESS 2900 West Alameda Avenue, 3RD FLOOR						CITY/TOWN BURBANK			STATE CA		ZIP CODE 91505				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID CK24532			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME CW NETWORK LLC												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 2900 West Alameda Avenue, 3RD FLOOR						CITY/TOWN BURBANK			STATE CA		ZIP CODE 91505				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 205074440															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 516120 - Television Broadcasting Stations															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	12	0	1	1	0	0	7	1	1	0	0	0	23
First/Mid-Level Officials and Managers	4	4	11	2	4	0	0	2	7	0	5	0	0	1	40
Professionals	1	1	4	1	0	0	0	0	3	0	1	0	0	0	11
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Sales Workers	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	1	0	0	0	0	0	0	0	3	1	0	0	0	0	5
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	6	5	27	3	6	1	0	2	20	2	7	0	0	2	81
PRIOR 2023 REPORTING YEAR TOTAL	9	10	25	1	5	1	0	2	31	5	9	0	0	1	99
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/1/2024 - 12/31/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID CK24532			EMPLOYER NAME CW NETWORK LLC												
ADDRESS 2900 West Alameda Avenue, 3RD FLOOR						CITY/TOWN BURBANK			STATE CA		ZIP CODE 91505				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID CR59022			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME CW NETWORK LLC												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 1325 AVENUE OF THE AMERICAS						CITY/TOWN NEW YORK			STATE NY		ZIP CODE 10019				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 205074440															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 516120 - Television Broadcasting Stations															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
First/Mid-Level Officials and Managers	0	0	5	1	0	0	0	0	4	0	0	0	0	0	10
Professionals	0	1	3	0	0	0	0	0	0	0	1	0	0	0	5
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	2	0	0	0	0	0	2	0	0	0	0	0	4
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	1	13	1	0	0	0	0	7	0	1	0	0	0	23
PRIOR 2023 REPORTING YEAR TOTAL	0	1	13	0	0	0	0	0	15	0	1	0	0	0	30
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/1/2024 - 12/31/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID CK24532			EMPLOYER NAME CW NETWORK LLC												
ADDRESS 2900 West Alameda Avenue, 3RD FLOOR						CITY/TOWN BURBANK			STATE CA		ZIP CODE 91505				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID PN21847			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME CW NETWORK LLC												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 411 North Hollywood Way						CITY/TOWN BURBANK			STATE CA		ZIP CODE 91505				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 205074440															
SECTION E – EMPLOYER FILING ELIGIBILITY <input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 516120 - Television Broadcasting Stations															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
First/Mid-Level Officials and Managers	0	1	2	0	0	0	0	0	2	0	0	0	0	0	5
Professionals	1	0	7	1	2	0	0	0	0	0	0	0	0	0	11
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	1	1	10	1	2	0	0	0	3	0	0	0	0	0	18
PRIOR 2023 REPORTING YEAR TOTAL	2	1	19	2	1	0	0	0	6	0	0	0	0	0	31
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/1/2024 - 12/31/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided															