

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0007879455** | File Number: **0000109274** | Submit Date: **03/25/2020** | Call Sign: **WZYZ** | Facility ID: **92532** | City: **SPENCER** | State: **TN**  
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **03/25/2020** | Filing Status: **Active**

**General Information**

Section	Question	Response
<b>Application Description</b>	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.	
<b>Attachments</b>	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
<b>CHURCH FAITH TRINITY ASSEMBLIES</b> Doing Business As: CHURCH FAITH TRINITY ASSEMBLIES	Dorothy Wanamaker PO Box 37110 Mcminnville, TN 37110 United States	+1 (931) 692-3763	faithtrinityassemblies@live.com	Company

**Contact Representatives**

Contact Name	Address	Phone	Email	Contact Type
Dorothy Wanamaker Faith Trinity Assemblies	Dorothy Wanamaker 12707 Beersheba Hwy Mcminnville, TN 37110 United States	+1 (931) 692-3763	faithtrinityassemblies@live.com	Administrative

**Common Stations**

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
92532	WZYZ	SPENCER	TN	No

**Program Report Questions**

Section	Question	Response
<b>Discrimination Complaints</b>	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
<b>Full-time Employees</b>	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

**Certification**

Question	Response
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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	03/25/2020
Certified Title	Secretary Of Treasury
Authorized Party Name	Dorothy Wanamaker

## Attachments

No Attachments.