

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0005063466	i Fi	ile Number: 0000126819	Submit Date: 11/23/2	2020	Call Sign: WZFJ	Facility ID: 36401	City:
BREEZY POINT	State	e: MN					
Service: Full Power	FM	Purpose: EEO Report	Status: Received	Statu	s Date: 11/23/2020	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.	WZFJ, KCFB, and KTIG - EEO Program Report	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes	

Licensee Information

Program Report

Questions

Applicant	Address	Phone	Email	Applicant Type
MINNESOTA CHRISTIAN BROADCASTERS, INC. Doing Business As: MINNESOTA CHRISTIAN BROADCASTERS, INC.	PO BOX 409 PEQUOT LAKES, MN 56472 United States	+1 (218) 568- 4422	ric@theword. mn	NFP

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Matthew H McCormick , Esq . Fletcher, Heald & Hildreth, PLC	1300 N 17th Street, Suite 1100 Arlington, VA 22209 United States	+1 (703) 812- 0400	mccormick@fhhlaw. com	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	36401	WZFJ	BREEZY POINT	MN	No
	42903	KTIG	PEQUOT LAKES	MN	No
	21379	KCFB	ST. CLOUD	MN	No

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	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				
	Richard McClary	Vice President of Operations			
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				
	Certified Title				
	Authorized Party Name		Richard McClary		

Attachments

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