

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0004346060** | File Number: **0000132572** | Submit Date: **01/26/2021** | Call Sign: **WBUY-TV** | Facility ID: **60830**
 City: **HOLLY SPRINGS** | State: **MS**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **01/26/2021** | Filing Status: **Active**

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
TRINITY BROADCASTING OF TEXAS, INC. Doing Business As: TRINITY BROADCASTING NETWORKS	13600 Heritage Parkway Suite 200 Fort Worth, TX 76177 United States	+1 (855) 826-2255	CMMAY@MAYLAWOFFICES.COM	NFP

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Kevin T. Fisher Broadcast Consultant Smith & Fisher	4791 Wintergreen Court Woodbridge, VA 22192 United States	+1 (703) 505-1751	Kevin@smithandfisher.com	Technical Representative
Coby M. May , Esq. . Attorney COLBY M. MAY, ESQ., P.C.	P. O. Box 15473 WASHINGTON, DC 20003 United States	+1 (202) 544-5171	CMMAY@MAYLAWOFFICES.COM	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
60830	WBUY-TV	HOLLY SPRINGS	MS	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)?	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?	Yes

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	01/26 /2021
Certified Title	Assistant Secretary
Authorized Party Name	John B. Casoria , ESQ. .

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>FCC Form 396 -- Exhibit 1 -- EEO Complaints (Holly Springs, Mississippi (2020)).docx</u>	Applicant	Discrimination Complaints		Done with Virus Scan and/or Conversion