

(REFERENCE COPY - Not for submission) Broadcast Equal Employment Opportunity Program Report

 FRN:
 0006147144
 File Number:
 0000092406
 Submit Date:
 12/02/2019
 Call Sign:
 WRFG
 Facility ID:
 54585
 City:

 ATLANTA
 State:
 GA

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 12/02/2019
 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.	Schedule 396 Radio Free Georgia Broadcasting Foundation - WRFG(FM)
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee

Licensee Name, Type and Contact Information

Information	Applicant	Address	Phone	Email	Applicant Type
	RADIO FREE GEORGIA BROADCASTING FOUNDATION, INC.	Wanique Shabazz 1083 AUSTIN AVENUE NE ATLANTA, GA 30307 United States	+1 (404) 523-3471	office@wrfg. org	NFP

Contact Representatives	Contact Name	Address	Phone	Ema	il	Contact Type
	Melodie Virtue S Foster Garvey PC	1000 Potomac Street NW Washington, DC 20007 United States	+1 (202) 965- 7880	melo com	die.virtue@foster	. Legal Representative
Common	Facility Identifier	Call Sign	City	State	Time Brokerag	ge Agreement
Stations	54585	WRFG	ATLANTA	GA	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			
	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		Heather Gray	

Attachments

No Attachments.