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

FRN: 0031014624 | File Number: 0000109844 | Submit Date: 03/27/2020 | Call Sign: WBFG | Facility ID: 85424 | City: PARKER'S CROSSROADS | State: TN Service: Full Power FM | Purpose: EEO Report | Status: Received | Status Date: 03/27/2020 |

~ •		Section					Respo	nse					
General Information		Application Description	of the application (255 characters max.) is to you and is not part of the submitted It will be displayed in your Applications					2020 EQUAL EEO REPOR' WBFG					
		Attachments		hments (other than associated schedules) being this application?		les) being	ing No						
Licensee		Licensee Name, Type and Contact Information											
Information		Applicant			Address		Phone Ema		nail		Applicant Type		
					Donald Enochs	hs							
		CROSSROADS BRO LLC	ADCASTIN	G,	PO Box 38351		+1 (731) 968- 9990		e422@ya	ahoo			
		Doing Business As: Le Broadcasting	xington		Lexington, TN 38351				om		LLC		
					United States								
Contact		Contact Name		Ad	dress	Pho	ne	Email		Conta	act Type		
Representatives		Donald Enochs PRESIDENT CROSSROADS BROADCASTING		PO Le:	nald Enochs Box 279 xington, TN 351	+1 (731) 968- dge4 9990 com		•	2@yahoo. Technical Representative				
		LLC		United States									
		Facility Identifier Call Sign City				State Time Brokerage Agreement							
Common Stations		37197 WZLT LEXING			ON	TN No			O				
		85424 WB	FG PARK	ER'S	CROSSROAD	S TN	No						
	n	Section	Questio	Question					Respo	nse			
		gram Report stions Discrimination Complaints	during to compete local law	his lic ent jui v, alle	cense term before isdiction under	complaints been filed e any body having federal, state, territorial or iscrimination in the station(s)?		No	No				
		Full-time Employees	Does you five full employed	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				
74°C° 4°		Question									Response		
Certification		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 creshe has read the documents that to the heat of his or her									ee		

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 03/27/2020

PRESIDENT

Donald

Enochs

Certified Title

Authorized Party Name

No Attachments.

Attachments