

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0007013675** | File Number: **0000113835** | Submit Date: **05/18/2020** | Call Sign: **WGNN** | Facility ID: **58449** | City: **FISHER** | State: **IL**
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **05/18/2020** | 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.	EEO Report
Attachments	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
GOOD NEWS RADIO, INC. Doing Business As: GOOD NEWS RADIO, INC.	Mark Burns PO Box 550 FISHER, IL 61843 United States	+1 (217) 897-6333	MARK@GREATNEWSRADIO.ORG	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Mark Burns President & General Manager Good News Radio Inc	Mark Burns 2421 N 1450 East Rd White Heath, IL 61884 United States	+1 (217) 649-0414	mark@greatnewsradio.org	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
13576	WLUJ	SPRINGFIELD	IL	No
89735	WLWJ	PETERSBURG	IL	No
173722	WHPA	MACOMB	IL	No
58449	WGNN	FISHER	IL	No
89433	WRLJ	WHITE HALL	IL	No
13927	WGNJ	ST. JOSEPH	IL	No
93641	WJWR	BLOOMINGTON	IL	No
9963	WLLM	LINCOLN	IL	No
28303	WLLM-FM	CARLINVILLE	IL	No

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	05/18 /2020
Certified Title	President
Authorized Party Name	Mark Burns

Attachments

No Attachments.