

Federal	Approved by OMB (Office of Management and Budget)   OMB Control Number 3060-0113								
Communications Commission	(REFERENCE COPY - Not for submission)								
Commaalon	Broadcast Equal Employment Opportunity								
	Program Report								
	FRN: 0005869664 File Number: 0000137805 File Number:		Submit Date: 03/04/2021 Call Sign: WJDE		E-CD Facility ID: 61026				
	Service: Digital Class A Purpose: EEO Report Status: Received Status Date: 03/04/2021 Filing Status: Active								
General Information	Section Question				Response	Response			
		er than associated sch ion?	an associated schedules) being No						
Licensee Information	Licensee Name, Type and Contact Information								
	Applicant	A	ddress	Phone	Email	Applicant Type			
	WORD BROADCASTING NETWORK, INC. Doing Business As: WORD BROADCASTING NETWORK, INC.		Fom Fawbush 3701 FERN VALLEY ROAD LOUISVILLE, KY 40219 Jnited States	+1 (502) 964- 2121	TOM@WBI COM	NA21. NFP			
Contact Representatives	Contact Name	Address	Phone	Email		Contact Type			
	CALVIN BADER CHIEF ENGINEER WORD BROADCASTING NETWORK, INC.	3701 FERN VAL ROAD LOUISVILLE, K 40219 United States	2121	calvin.bader@wjie.org		Technical Representative			
	Clarence M. Beverage Broadacst Engineering Consultar Communications Technologies, Inc.	PO Box 1130 nt Marlton, NJ 0809 United States	+1 (609) 451- 53 5296	cbeverage@commtechrf. com		Technical Representative			
	ANTHONY T LEPORE , ESQ . RADIOTVLAW ASSOCIATES, LLC	ANTHONY T LEPORE 4101 ALBEMAR ST NW	2201	+1 (202) 681- anthony@radiotvlaw.net 2201		Legal Representative			

Program Report	Section
Questions	

Common **Stations** 

Facility Identifier

61026

Question

Call Sign

WJDE-CD

#324

20016

United States

WASHINGTON, DC

City

NASHVILLE

State

ΤN

No

Response

Time Brokerage Agreement

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

Response

## 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	03/04/2021
Certified Title	PRESIDENT
Authorized Party Name	ROBERT W RODGERS

**Attachments** 

No Attachments.