

Federal Communications Commission Washington, D.C. 20554		Approved by OMB 3060-1115 (March 2008)		FOR FCC USE ONLY	
FCC 388 DTV Quarterly Activity Station Report				FOR COMMISSION USE ONLY FILE NO. -20090109AHR	
Licensee CAROLINA CHRISTIAN BROADCASTING,INC..					
Call Sign WGGS-TV		Facility Id 9064		Previous Call Sign (if applicable)	
Community of License					
City		State	County		Zip Code
GREENVILLE		SC	GREENVILLE		29602 -
Nielsen DMA GREENVLL-SPART-ASHEVLL-AND		World Wide Web Home Page Address WWW.WGGS16.COM		Licensee Renewal Expiration Date (mm/dd/yyyy) 12/01/2012	
Channel Numbers: (Check the Channel Number(s) to which this form applies.)					
<input checked="" type="checkbox"/> Analog	16				
<input checked="" type="checkbox"/> Digital	35				
Report reflects information for quarter ending: 12/31/2008					
Have you opted to comply with Option One, Two, or Three (once elected, this choice may not change)? <input type="radio"/> Option One (A and D) <input checked="" type="radio"/> Option Two (B and D) <input type="radio"/> Option Three (C and D)					
Over the past quarter, have you fully complied with the requirements of this option?				<input checked="" type="radio"/> Yes <input type="radio"/> No	
Simulcasting:					
Are you simulcasting on your Analog channel and your primary Digital stream?				<input checked="" type="radio"/> Yes <input type="radio"/> No	
Application Purpose:					
<input checked="" type="radio"/> DTV Education Report					
<input type="radio"/> Amendment		File Number -			
If an amendment, include a comment explaining the reason and the portions of the pending application that are being revised.					

Section B (For broadcasters electing Option Two)

On its analog channel, and its primary digital stream, a station must run an average of 16 transition-related PSAs and 16 transition-related crawls, snipes, and/or tickers per week in each quarter, all between the hours of 5 a.m. and 1 a.m. It must also run one 30 minute DTV-related informational program once, and one 100-Day Countdown piece per day for the 100 days prior to the conclusion of the transition. Comment boxes MUST be used to describe these compliant activities (See rules for additional details).

Total Number of Eligible DTV Transition-Related PSAs and Crawls, Snipes, and/or Tickers (CSTs) Run -- Last Quarter

How many DTV PSAs and CSTs did your station run between 5:00 a.m. and 1:00 a.m. last quarter?	
Total 5:00 a.m. to 1:00 a.m. PSAs	485
Total 5:00 a.m. to 1:00 a.m. CSTs	56

For informational purposes only, how many DTV PSAs and CSTs did your station run in the last quarter from 6:00 a.m. to 9:00 a.m.?

Total 6:00 a.m. to 9:00 a.m. PSAs	78
Total 6:00 a.m. to 9:00 a.m. CSTs	38

For stations located in the Eastern or Pacific Time Zone, how many DTV PSAs and CSTs did your station run in the last quarter from 6:00 p.m. to 11:35 p.m. (must average at least 4 per week)?

Total 6:00 p.m. to 11:35 p.m. PSAs	130
Total 6:00 p.m. to 11:35 p.m. CSTs	91

For stations located in the Central or Mountain Time Zone, how many DTV PSAs and CSTs did your station run in the last quarter from 5:00 p.m. to 10:35 p.m.(must average at least 4 per week)?

Total 5:00 p.m. to 10:35 p.m. PSAs	
Total 5:00 p.m. to 10:35 p.m. CSTs	

Comments:

30 Minute Educational Programs - Last Quarter

How many 30 minute, DTV-related informational programs did your station run during the quarter? At least one such program must be run between the hours of 8:00 a.m. and 11:35 p.m., prior to February 17, 2009.

Total number of 30 Minute Informational Programs	4
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Comments:

100-Day Countdown Eligible Pieces - Last Quarter

Beginning on November 10, 2008, all stations participating in Option Two will engage in special 100-Day "Countdown to DTV" activities. Stations must execute a minimum of one "Countdown to DTV" on-air activity per day during the 100 days leading up to February 17, 2009. During the last quarter, how many of each eligible 100-Day "Countdown to DTV" pieces did your station run?

312	<i>Graphic Displays</i>
0	<i>Animated Graphics</i>
0	<i>Graphic and Audio Displays</i>
0	<i>Longer Form Reminders</i>

Comments:

Section D (For all broadcasters)

Additional DTV On-air Initiatives - Last Quarter

Did your station run additional on-air initiatives (such as news reports, town hall meetings, etc.) during the quarter? The comment box may be used to describe these initiatives.

Yes No

Comments:

WGGS CONDUCTED A LIVE ONE-HOUR DTV EDUCATION PROGRAM INCLUDING INTERVIEWS WITH

STATION PERSONNEL FAMILIAR WITH THE TRANSITION AND VIEWER REQUIREMENTS. IN CONJUNCTION WITH THIS PROGRAM, THE STATION STAFFED A LIVE-CALL IN, WITH 5-6 PEOPLE ANSWERING PHONES AND PROVIDING INFORMATION ABOUT THE DTV TRANSITION.	
Station Website Additional Activity Related to the DTV Transition - Last Quarter	
Does your station have a Website?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If YES, did your station provide additional DTV related information or activities on that Website? The comment box may be used to describe what was posted on the station's Website.	<input checked="" type="radio"/> Yes <input type="radio"/> No
Comments: WGGS FEATURES LINKS ON ITS WEBSITE TO WWW.DTVANSWERS.COM AND TWO SEPARATE LINKS TO WWW.DTV2009.GOV. THOSE LINKS ARE ALSO AVAILABLE ON WWW.DOVEBROADCASTING.COM. ON A SEPARATE PAGE TITLED "ABOUT DIGITAL TV", WGGS ALSO FEATURES A SELF-PRODUCED :60 SPOT DEALING WITH THE SAME INFORMATION INCLUDING PROMOTION OF ITS DIGITAL BROADCAST.	
Additional DTV Outreach Efforts -- Last Quarter	
Check all of the DTV related activities listed below that your station engaged in over the last quarter. The comment box may be used to describe this activity.	
<input type="checkbox"/> Speaking Engagements Comments:	
<input type="checkbox"/> Community Events Comments:	
<input type="checkbox"/> Other (describe) Comments:	
This comment box may be used to include other comments or information about your station's DTV activity over the last quarter.	
Comments:	

Station Certification	
I certify that the statements in this document are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.	
Typed or Printed Name of Person Signing	Typed or Printed Title of Person Signing
Signature	Date (mm/dd/yyyy)
JAMES THOMPSON	PRESIDENT 01/09/2009

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

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