

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0006703417** | File Number: **0000115515** | Submit Date: **06/01/2020** | Call Sign: **WSRJ** | Facility ID: **82684** | City: **HONOR** | State: **MI**  
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **06/01/2020** | Filing Status: **Active**

## General Information

Section	Question	Response
<b>Application Description</b>	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.	Northern Broadcast, Inc. Subsidiaries Employment Unit EEO Program Report
<b>Attachments</b>	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
<b>NORTHERN RADIO OF MICHIGAN, INC.</b> Doing Business As: NORTHERN RADIO OF MICHIGAN, INC.	1020 HASTINGS STREET TRAVERSE CITY, MI 49686 United States	+1 (231) 947-0003	kristal.flateau@gopepsind.com	COR

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Anne Goodwin Crump FLETCHER, HEALD & HILDRETH, PLC	1300 N. 17th Street Eleventh Floor ARLINGTON, VA 22209 United States	+1 (703) 812-0426	CRUMP@FHHLAW.COM	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
1159	WSRT	GAYLORD	MI	No
49573	WFDX	ATLANTA	MI	No
82684	WSRJ	HONOR	MI	No

## Program Report Questions

Section	Question	Response
<b>Discrimination Complaints</b>	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
<b>Full-time Employees</b>	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	06/01 /2020
Certified Title	President
Authorized Party Name	William Langer Gokey

Attachments

No Attachments.