

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0001788959** File Number: **0000109314** Submit Date: **03/25/2020** Call Sign: **WRNZ** Facility ID: **27548** City:

LANCASTER State: KY

Service: Full Power FM Purpose: EEO Report Status: Received Status Date: 03/25/2020 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.	WRNZ 396 2020 License Renewal
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
HOMETOWN BROADCASTING OF LANCASTER, INC. Doing Business As: WRNZ	Robert Wagner 2063 Shakertown Road Danville, KY 40422 United States	+1 (859) 236- 2711	robert. wagner@hometownlive. net	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Robert Wagner General Manager HOMETOWN BROADCASTING OF LANCASTER, INC	Robert Wagner 2063 Shakertown Road Danville, KY 40422 United States	+1 (859) 236- 2711	robert. wagner@hometownlive. net	General Manager

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
52308	WHIR	DANVILLE	KY	No
22084	WHBN	HARRODSBURG	KY	No
27548	WRNZ	LANCASTER	KY	No

Program Report 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?	No
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Additional Program Report Questions

Responsibility for Implementation

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

Name	Title
Robert Wagner	General Manager

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	03/25 /2020
Certified Title	President
Authorized Party Name	Phillip Leslie

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO 2018-19 Report.pdf	Applicant	EEO Public File Report	EEO Report 2018-2019	Done with Virus Scan and/or Conversion
EEO 2019-20 Report.pdf	Applicant	EEO Public File Report	EEO Report 2019-2020	Done with Virus Scan and/or Conversion
WRNZ EEO Narrative Statement.pdf	Applicant	Narrative Statement	WRNZ EEO Narrative Statement	Done with Virus Scan and/or Conversion