

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0003015831** | File Number: **0000119462** | Submit Date: **07/31/2020** | Call Sign: **WKAN** | Facility ID: **62359** | City: **KANKAKEE** | State: **IL**  
 Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **07/31/2020** | 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.	Kankakee, IL Radio EEO Program Report (WKAN, WYKT, WXNU)
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
<b>STARADIO CORP.</b> Doing Business As: STARADIO CORP.	329 MAINE STREET QUINCY, IL 62301 United States	+1 (217) 224-4102	hadoss@STARadio.onmicrosoft.com	COR

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Kenneth C. Howard , Jr . BakerHostetler LLP	1050 Connecticut Ave., NW Suite 1100 Washington, DC 20036 United States	+1 (202) 861-1580	khoward@bakerlaw.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
164267	WXNU	ST. ANNE	IL	No
36120	WYKT	WILMINGTON	IL	No
156887	W267CI	KANKAKEE	IL	No
62359	WKAN	KANKAKEE	IL	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
William B. Jones , III .	Vice President/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	07/31 /2020
Certified Title	Vice President, General Manager
Authorized Party Name	William B. Jones , III .

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">2018-2019 EEO Report - Kankakee IL Group (WKAN WXNU WYKT) - FINAL.pdf</a>	Applicant	EEO Public File Report	2018-2019 EEO Public File Report	Done with Virus Scan and/or Conversion
<a href="#">2019-2020 EEO Report - Kankakee, IL Group (WKAN, WXNU, WYKT) - Final.pdf</a>	Applicant	EEO Public File Report	2019-2020 EEO Public File Report	Done with Virus Scan and/or Conversion
<a href="#">EEO Narrative Statement -WKAN, WXNU, WYKT - Final.pdf</a>	Applicant	Narrative Statement	EEO Narrative Statement	Done with Virus Scan and/or Conversion