

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0003727021** File Number: **0000168491** Submit Date: **11/15/2021** Call Sign: **WKIT** Facility ID: **25747** City:

BREWER State: ME

Service: Full Power FM Purpose: EEO Report Status: Received Status Date: 11/15/2021 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.	Zone Corp - EEO Program Report for 2021 Renewals
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
THE ZONE CORPORATION	Ken Wood 861 Broadway BANGOR, ME 04401 United States	+1 (207) 990-2800	kwood@zoneradio.com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Mark Denbo	5028 Wisconsin Avenue, N.	+1 (202) 350-	mdenbo@fccworld.	Legal
Counsel	W.	9656	com	Representative
Smithwick & Belendiuk, P.	Suite 301			
C.	Washington, DC 20016			
	United States			

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
12882	WZLO	DOVER-FOXCROFT	ME	No
66674	WZON	BANGOR	ME	No
25747	WKIT	BREWER	ME	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

Additional Program Report Questions

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
Ken Wood	GeneralManager

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	11/15 /2021
Certified Title	General Manager
Authorized Party Name	Ken Wood

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO Narrative Statement - Zone Corp.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion
Zone Corp - 2019-20 EEO Public File Report.pdf	Applicant	EEO Public File Report	2019-20 EEO Public File Report	Done with Virus Scan and/or Conversion
Zone Corp - 2020-21 EEO Public File Report.pdf	Applicant	EEO Public File Report	2020-21 EEO Public File Report	Done with Virus Scan and/or Conversion