

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0004077426** File Number: **0000184021** Submit Date: **02/01/2022** Call Sign: **WJRZ-FM** Facility ID: **31078** 

City: MANAHAWKIN State: NJ

Service: Full Power FM Purpose: EEO Report Status: Received Status Date: 02/01/2022 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.	WJRZ-FM and WRAT EEO
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
BEASLEY MEDIA GROUP LICENSES, LLC	3033 RIVIERA DRIVE SUITE 200 NAPLES, FL 34103 United States	+1 (239) 263- 5000	caroline@bbgi. com	LLC

### Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
SALLY A. BUCKMAN ATTORNEY LERMAN SENTER PLLC	2001 L STREET, NW SUITE 400 WASHINGTON, DC 20036 United States	+1 (202) 429- 8970	SBUCKMAN@LERMANSENTER. COM	Legal Representative

# Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
59530	WRAT	POINT PLEASANT	NJ	No
31078	WJRZ-FM	MANAHAWKIN	NJ	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

#### **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
Daniel Finn	SVP & Regional Market 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	02/01 /2022
Certified Title	CEO
Authorized Party Name	Caroline Beasley

#### **Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
Narrative Statement.pdf	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion
WJRZ-FM WRAT EEO PFR 2020- 21.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
WJRZ-FM WRAT EEO PFR 2021- 22.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion