## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN: 0028609733
 File Number: 0000180595
 Submit Date: 01/21/2022
 Call Sign: WABC
 Facility ID: 70658
 City:

 NEW YORK
 State: NY

 Service: Full Power AM
 Purpose: EEO Report
 Status: Received
 Status Date: 01/21/2022
 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.	EEO Program Report 2022	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes	

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
<b>RED APPLE MEDIA, INC.</b> Doing Business As: RED APPLE MEDIA, INC.	800 THIRD AVENUE 5TH FLOOR NEW YORK, NY 10022 United States	+1 (212) 956- 5770	epankow@ragny. com	COR

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Nicole-Amanda Brandofino Red Apple Media, Inc.	800 Third Avenue 2nd Floor New York, NY 10022 United States	+1 (347) 749- 6389	nicoleamanda. brandofino@ragny.com	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	61089	WLIR-FM	HAMPTON BAYS	NY	No
	70658	WABC	NEW YORK	NY	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

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				
	Kandace Zimmer						
Certification	Question					Response	
	The undersigned certifies that he or sh partner, trustee, authorized employee, authorized to sign on behalf of the part Commission under 47 C.F.R. Section 7 who further certifies that he or she has information, and belief there is good gro	or other indiv ty filing the re 1.23(a), who is read the doo	vidual or duly elected port; or (b) an attorne s authorized to represe ument; that to the best	or appointed officia y qualified to pract sent the party filing st of his or her kno	al who is tice before the g the report, and wledge,		
	Certified Date					01/21/2022	
	Certified Title					Chief Executive Officer	
	Authorized Party Name					John Catsimatidis	
Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status		
	2021-Annual-EEO-Report.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion		
	2022-Annual-EEO-Report.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion		

Applicant

Narrative

Statement

Narrative

Statement

Done with Virus Scan and/or

Conversion

EEO Program Exhibit - Narrative

Statement.pdf